# Hospital-based Violence Intervention

## Practices & Policies to End the Cycle of Violence

THE
**HEALTH ALLIANCE**
*for* **VIOLENCE**
**INTERVENTION**

# Community violence is a public health crisis that has a significant impact on communities throughout the country and a disproportionate impact on communities of color.

## 1.3M

In 2020 alone, there were over 1.3 million emergency department visits for nonfatal injuries due to assault.

## 20K+

Firearm injuries are a major contributor to violent injury, causing 20,958 homicides in 2021

## 18X

Non-Hispanic Black experience 18 times more gun assault injuries than non-Hispanic White Americans

## 10X

Non-Hispanic Black Americans are 10 times more likely to die by homicide than non-Hispanic White Americans

In 2020 alone, there were over 1.3 million emergency department visits for nonfatal injuries due to assault.[1] Firearm injuries are a major contributor to violent injury, causing 20,958 homicides in 2021[2] and an estimated 85,000 emergency department visits for nonfatal injuries per year.[3] Non-Hispanic Black individuals are 10 times more likely to die by homicide than non-Hispanic White individuals,[2] and they experience 18 times more gun assault injuries.[4] Such disproportionate violence is driven by structural racism and systemic disparities in social determinants of health.

Violence is also a major cause of trauma and traumatic stress in affected communities. For individuals directly involved and those who bear witness to community violence, there is a significant impact on mental health and well-being.[5-11] In addition to the immeasurable human cost, violent injuries also create significant financial costs in medical and non-medical care, loss of future productivity, criminal justice involvement, and reductions in quality of life. Violence-related injuries cost over $950 billion dollars in 2020, in addition to the devastating harm done to the communities most affected.[12] The field of community violence intervention (CVI) aims to address the drivers of violence and provide an opportunity for transformation for individuals and communities.

## The Community Violence Intervention Ecosystem

Community violence has certain key features. It is **concentrated**,[13-16] meaning it tends to occur in specific locations, often in communities that have endured longstanding structural racism and disinvestment. It is **cyclical**,[17, 18] with a tendency to recur or lead to retaliation. It is **networked**,[19] involving relatively small numbers of individuals who are socially connected within a community. Most importantly, community violence is **preventable**.

A strong CVI ecosystem requires connecting a city's violence prevention infrastructure—including hospitals, community-based organizations, public health departments, and offices of neighborhood safety—to implement a comprehensive set of strategies that address the dynamics of violence, maximize response to those at greatest risk, and help support a sustainable approach to violence reduction. This work utilizes the tools of public health to effect real change. Programs that are grounded in public health aim to mitigate the impact of risk factors and strengthen protective factors to reduce exposure to violence and its effects. This work relies on the leadership and expertise of credible messengers—individuals who are skilled in reaching and engaging those at highest risk of exposure to violence.

## Hospital-based Violence Intervention Programs

The Health Alliance for Violence Intervention (HAVI) is a national leader in the CVI space. The organization works to shift the narrative regarding what constitutes effective violence intervention, partners with other CVI leaders to develop a vision for the CVI ecosystem, engages in advocacy to reshape the funding landscape, and supports innovations in research. The HAVI is the only national organization that fosters a network of hospital-based violence intervention programs (HVIPs).

As a powerful model of violence intervention grounded in public health, HVIPs integrate the expertise of violence prevention professionals with lived experience of violence into the care of violently injured individuals to provide pathways to transformative healing. These programs are unique in their theory and practice, offering comprehensive care within the "window of opportunity"—a moment just after violent injury when individuals may be particularly receptive to support and guidance. Relationship-focused, trauma-informed care is introduced at a critical moment for those at greatest risk of reinjury or retaliation—typically in the emergency department or hospital bedside—and continues after hospital discharge, leading to change in an individual's life course. Because individuals at greatest risk of involvement in violence may be disconnected from social systems, partnering with hospitals to engage these individuals as they navigate the challenges of violent injury is a critical opportunity to offer safety and care and support transformation. See Appendix A to learn more about the core elements of HVIPs.

## The Future of HVIP Research

The impact of HVIPs is an area of critical and emerging scientific study. Previous research on community violence interventions, including HVIPs, has been constrained by a range of factors, including limitations in funding, inconsistent implementation of the model across programs, and challenges around the ethics and feasibility of certain study designs. In addition, many studies have been limited by bias or small sample sizes. Despite these limitations, HVIPs have demonstrated promising potential effects across a range of outcomes. Prior research demonstrates the potential of HVIPs to reduce exposure to repeat violent injury,[20, 21] help meet basic and mental health needs,[22, 23] improve psychosocial outcomes,[24, 25] and reduce exposure to the criminal justice system.[26, 27] HVIPs are also likely to produce cost savings for health care and the public sector.[28, 30]

As the HAVI leads the way in standardizing HVIP implementation and invests in community and racial equity-centered research, rigorous investigation in this field promises to grow.

Future research priorities include the following:

- Continued research to establish the impact of HVIPs on the risk of violent injury, criminal justice involvement, and client well-being.

- Investigation of the intermediate outcomes, or pathways, that lead to reductions in exposure to violence.

- Expansion of qualitative and mixed-methods research to add critical perspectives and build a collective understanding of how HVIPs work best.

- Development and testing of screening tools to identify those at highest risk of near-term violence.

- Application of implementation research frameworks to focus on core implementation outcomes such as acceptability, feasibility, sustainability, and fidelity.

New research can also offer insights into the ways in which the CVI ecosystem, through a coordinated set of CVI strategies, can effectively reduce violence. Overall, research must engage communities thoughtfully and build bridges that support shared scientific discovery and insights.


## Building and Sustaining Successful HVIPs in the CVI Ecosystem

Building effective HVIPs and strengthening the CVI ecosystem in municipalities throughout the country will require collaboration among multiple critical stakeholders. In order to achieve this urgent objective, we make the following recommendations for government leaders, health systems, health departments, and CVI partners to bring this crucial work to scale and meet the need of this moment.

### Recommendations

1. **Ensure that HVIPs adhere to the HAVI standards and indicators for HVIPs.**

2. **Integrate HVIPs as part of an interconnected CVI ecosystem.**

3. **Require high-volume trauma centers to establish an HVIP.**

4. **Develop and implement tools to identify and prioritize those at highest risk of violence for inclusion in HVIPs and other CVI programs.**

5. **Improve health system data collection and integration for violently injured patients.**

6. **Rigorously evaluate HVIPs using ethical, equitable, and trauma-informed approaches.**

7. **Leverage local Departments of Public Health as contributors to violence reduction efforts.**

8. **Create local and state offices of violence prevention.**

9. **Support equitable access to State Victim of Crime compensation programs.**

10. **Enable health care payers to provide reimbursement for violence prevention professional services.**

11. **Urge State Victim of Crime Assistance programs to support HVIPs.**

12. **Facilitate and formalize joint federal funding of HVIP activities.**

## Improve HVIP Development and Implementation

1. **Ensure that HVIPs adhere to the HAVI standards and indicators for HVIPs.**

   The _HAVI Standards and Indicators for Hospital-Based Violence Intervention Programs_ is a set of guidelines intended to support HVIPs at various stages of implementation in their efforts to secure the necessary resources to meet a universal standard, identify areas for development and growth, and ultimately serve their clients more effectively. Intentionally aspirational, this resource aims

to establish a level of quality in eight key domains, which include planning and design; community partnerships; staff development; participant engagement; service delivery; data collection, evaluation, and research; hospital systems transformation; and sustainability and funding. Adherence to these standards and indicators still allows for creativity and innovation—such as the emergence of HVIPs paired with medical legal clinics or guaranteed income programs—while maintaining the core tenets of the model.

2.  **Integrate HVIPs as part of an interconnected CVI ecosystem.**

    Working in silos has the potential to duplicate efforts and cause harm to clients. HVIPs should work in partnership with other violence intervention strategies that are also focused on providing services to individuals at the highest risk for near-term violence. Integrating programming and data, coordinating geographically and logistically, and building on the relative strengths of each program type will allow partnering programs the best chance of reducing violence and promoting health in communities most affected by violence. In addition, collaborative research can assist in understanding the various strengths of each model.

3.  **Require high-volume trauma centers to establish an HVIP.**

    Trauma centers treating high numbers of violently injured patients or serving communities with high rates of homicide and violent injury should establish HVIPs to provide trauma-informed care and comprehensive case management. These patients have significant needs and carry substantial trauma, and an investment in their return to physical, emotional, and financial health should be a priority.

4.  **Develop and implement tools to identify and prioritize those at highest risk of violence for inclusion in HVIPs and other CVI programs.**

    Determining how to identify, engage, recruit, and retain individuals and networks at the highest risk of violence should be a priority for HVIPs and the CVI ecosystem. Several existing tools aim to identify this population. For example, the SaFETy Score[30] is a clinical screening tool intended to identify youth at high risk for firearm violence in an emergency department setting. Another instrument, the Violent Reinjury Risk Assessment Instrument (VRRAI),[31] evaluates the level of risk of violent reinjury for HVIP participants. Further validation of these tools in various settings can strengthen the ability of HVIPs and other programs to ensure they are serving those in greatest need. Any assessment of risk should be built upon the knowledge that exposure to multiple individual-level risk factors (including connections to social networks known for engagement in violence, prior violent injury, and criminal justice involvement) signal an individual who merits priority and intensive engagement. It should also be informed by the experiences and wisdom of credible messengers and other frontline workers who are based in the community.

## Leverage and Enhance Data, Research, and Evaluation

5.  **Improve health system data collection and integration for violently injured patients.**

    Collecting robust data supports a public health approach by helping CVI stakeholders define and monitor the problem of violent injury and identify risk and protective factors. Data held by multiple stakeholders, including hospital

systems and social service providers, should be integrated to understand who is being impacted and the reach of available services, and to create a cohesive violence intervention network. Development of processes and procedures for data integration within the CVI ecosystem—with strong data protections and privacy requirements—can foster collaboration among CVI partners, health systems, health departments, and local leaders.

6. **Rigorously evaluate HVIPs using ethical, equitable, and trauma-informed approaches.**

   Researchers must first establish HVIP model fidelity and then engage in rigorous evaluation by utilizing the highest standards of methodological approaches to assess patient outcomes. Both of these objectives require building a robust data infrastructure for client case management and activities; identification and tracking of relevant outcomes; training staff in data management; and involving frontline staff, individuals with lived experience, and research partners in collaborative research. Because community violence disproportionately impacts Black and Brown communities, effective research must be conducted with a racial equity lens, led and informed by those most impacted, and grounded in community needs.

## Establish Structure and Support at the Local and State Levels

7. **Leverage local Departments of Public Health as contributors to violence reduction efforts.**

   Local health departments are tasked with promoting the health of the public and responding to emerging health threats. In communities with high rates of violence, they serve as a key stakeholder in efforts to identify injury trends, facilitate the implementation of violence prevention programming and resources, facilitate collaboration between health systems and CVI stakeholders, address social and structural determinants of health, and measure the city-wide impact of CVI strategies. Health departments are practiced in data collection and data sharing as well as effective health communication and outreach and can bring that expertise to bear in responding to community violence.

8. **Create local and state offices of violence prevention.**

   Since the Biden Administration announced that 26 federal grant programs are open to CVI applications, there have been more opportunities to fund this lifesaving work. However, this requires a larger infrastructure to apply for funding, conduct grants management activities, and ensure coordination among programs. This is best accomplished through the creation of local offices of violence prevention (OVP), which have been established in such cities as Oakland; Baltimore; Washington, DC; Atlanta, and more. Beyond a coordinating role, these offices can leverage city governments that are often better positioned to apply for federal grants to support a range of strategies within the CVI ecosystem, including HVIPs. The National OVP Network is a useful resource for cities that are building OVPs. Similar structures at the state level are also beneficial to ensure that funds flow to communities with the greatest need.

9. **Support equitable access to State Victim of Crime Compensation programs.**

   Victims of Crime Act (VOCA) funds are available to individual survivors of violence for crime-related expenses and services. However, a relatively small

proportion of victims of crime apply for compensation or access assistance programs. Survivors of violence who are young, male, and Black and/or Brown are disproportionately underrepresented among victim compensation applicants relative to the proportion of crimes committed against them.[33, 34] These disparities are driven by lack of knowledge about victim compensation benefits and eligibility, challenges to completing application processes, and hesitancy regarding involvement with law enforcement officials.[33] Additionally, survivors of violence may be disqualified by subjective assessments of cooperation with police or prior criminal charges. These criteria should be reexamined and the application process streamlined.[34] Legislation in several states aims to address these issues (California, Maryland, and New York). Additionally, the recent proliferation of medical-legal partnerships offers an opportunity for client advocacy and administrative system reform with the assistance of legal professionals.

## Implement Policies that Enable Coordinated and Sustained Funding

10. **Enable health care payers to provide reimbursement for violence prevention professional services.**

    After the passage of the Affordable Care Act, a large proportion of survivors of community violence became newly eligible for insurance under the law's Medicaid expansion. Subsequently, Medicaid has become the largest payer of health services for violently injured patients.[28] In 2021, through the HAVI's advocacy, the Biden administration directed the Centers for Medicare and Medicaid to issue guidance on how states can use Medicaid to reimburse HVIP services. Shortly thereafter, Connecticut and Illinois became the first states in the nation to enact laws to ensure HVIP services are a reimbursable Medicaid benefit for violently injured patients. The decision to add these insurance benefits ultimately lies with the individual states, and to date, Connecticut, Illinois, California, Oregon, Colorado, and Maryland have elected to add these benefits. The HAVI asserts that every state should make HVIP services reimbursable and contribute to the sustainability of violence intervention services.

    **States Enabling Reimbursement for HVIP Services**

    California    Colorado    Connecticut

    Illinois    Maryland    Oregon
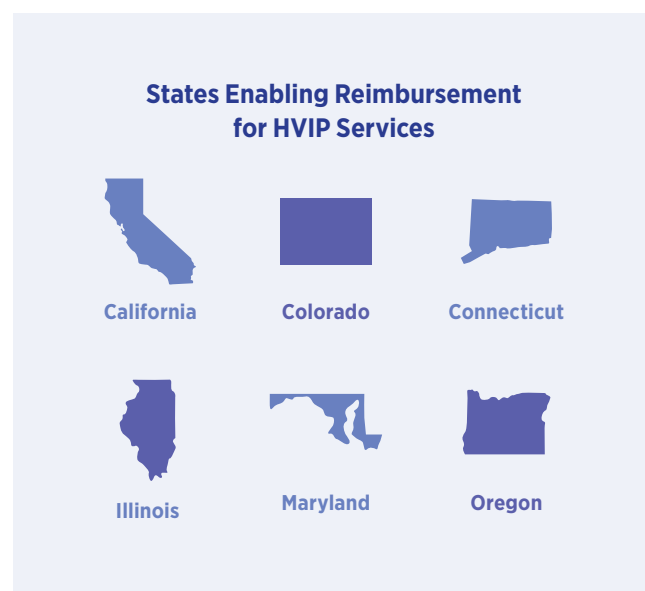
11. **Urge State Victim of Crime Assistance programs to support HVIPs.**

    As programs that provide direct services to survivors of violent crime, HVIPs qualify to receive VOCA assistance dollars. These funds can be used to fund operations, direct services, program costs, and community partnerships (see examples in New Jersey, Virginia, and Wisconsin). HVIPs around the country should contact their State Administrative Agencies (SAAs) regarding availability of VOCA assistance grant funding opportunities. For VOCA Administrators, additional resources on funding HVIPs are available at thehavi.org.

12. **Facilitate and formalize joint federal funding of HVIP activities.**

Both the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Justice (DOJ) have supported violence prevention and intervention, with substantial overlap in the populations targeted. These complementary initiatives often remain siloed, so it is critically important that structures are created to ensure coordination between agencies. This will better allow for direct support of HVIPs and other CVI programs. The White House's Domestic Policy Council has assumed this role; however, in the long term, it will be necessary to create a dedicated, formal function within the federal government to ensure interagency coordination to advance and fund an increasingly complex CVI ecosystem. In September of 2023, the Biden administration announced the creation of the first federal Office of Gun Violence Prevention, an encouraging and critical step in coordinating violence prevention efforts throughout the federal government and an example of formalized federal support for this important work.[36]

## Conclusion

# The work of addressing community violence and its profound impacts has never been more important.

Community violence intervention strategies hold promise to reduce exposure to violence and promote healing and restoration in the lives of individuals and communities most impacted by this public health crisis. These communities have also been subject to decades of structural racism and chronic disinvestment, which has had significant implications for their growth and health.

Hospital-based violence intervention programs engage individuals in the aftermath of violent injury and support them through recovery with comprehensive, culturally competent, and trauma-informed care. These programs are responsive to the nature of community violence and bridge the gap between hospital systems and community resources. Now is the time to integrate this innovative approach to violence intervention into the fabric of healthcare systems and foster coordination and collaboration across the CVI ecosystem to increase collective impact. Join us in the movement to advance HVIP innovation, research, and policy; break the cycle of violence; and heal communities across the country.

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## Hospital Commitment

- Develop strong buy-in from hospital and trauma program leadership to reach violently-injured patients at a time when they are typically more receptive to intervention.
- Collaborate with hospital personnel to develop trauma-informed care pathways and integrate HVIPs within health care systems.

## Credible Messengers

- Employ, value, and resource credible messengers—people with lived experiences of violence and/or people who have established trusting, mutually respectful relationships with individuals and communities impacted by violence.

## Community Leadership

- Acknowedge that people who are closest to the pain are closest to the solutions.
- Develop MOUs and partnerships with community-based organizations and leaders

## Safety

- Safety plan with people at the highest risk of violence to address retaliatory factors.
- Coordinate safety supports and retaliation prevention with others in the hospital and community violence ecosystem through data sharing and frequent communication.

## Wraparound Care

- Offer comprehensive, long-term case management to address the physical, emotional and social impacts of violence injuries.
- Partner with community organizations to address the social determinants of health and root causes of violence.

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| **Equity** | Recognizing the historical and structural inequities in society, work to redistribute power through policies and practices and narrative change about people impacted by violence. Promote equitable access and inclusivity to systems for people who have been historically marginalized. |
| **Healing** | Create pathways for healing through supportive relationships and mentorship, services, economic opportunities and coalition-building. Uplift the dignity, worth and humanity of individuals and their loved ones who have been injured by community violence. |
| **Advocacy** | Advocate for racial equity, trauma-informed/healing-centered care, and investments in communities to end violence. Resource survivors of violence in leadership and social action to impact their communities. |