

Hospital-Based Violence Intervention Programs (HVIPs) in Philadelphia

CURRENT PRACTICE AND FUTURE DIRECTIONS

WHAT IS A HVIP?

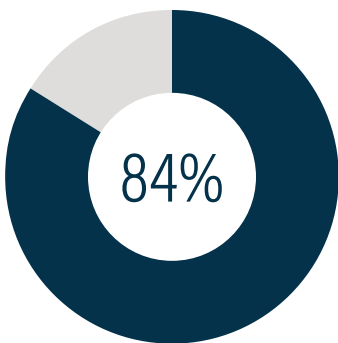
A Hospital-Based Violence Intervention Program (HVIP) is a collaborative of medical staff and community partners that provides trauma-informed care for patients who have suffered a violent injury. The care provided by HVIPs extends beyond the hospital bedside by serving as a bridge between the hospital and community-based services after injury. These violent injuries include, but are not limited to, nonfatal gun injuries. HVIPs connect these patients with a variety of community-based services such as victims assistance help, housing, legal support, employment and mental health services among others. These programs can also provide support to the victims' families and others who witnessed the violence.

This report will focus on HVIPs and nonfatal firearm injuries.

DATA ON HVIPS IN PHILADELPHIA

BY PERCENTAGE

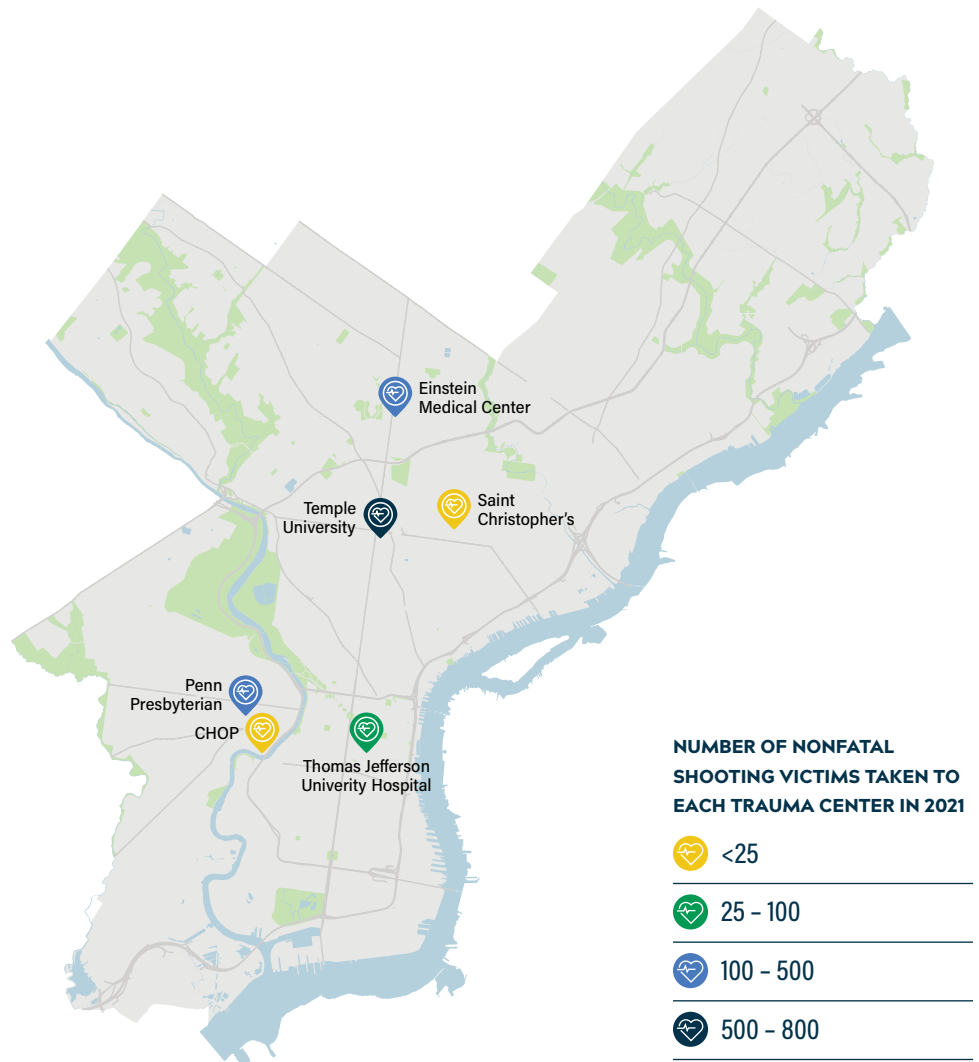
Percent of nonfatal shooting victims seen at Level 1 Trauma centers,* 2021



* Temple, Penn Presbyterian, Einstein, Jefferson, CHOP, St. Christopher's

BY LOCATION

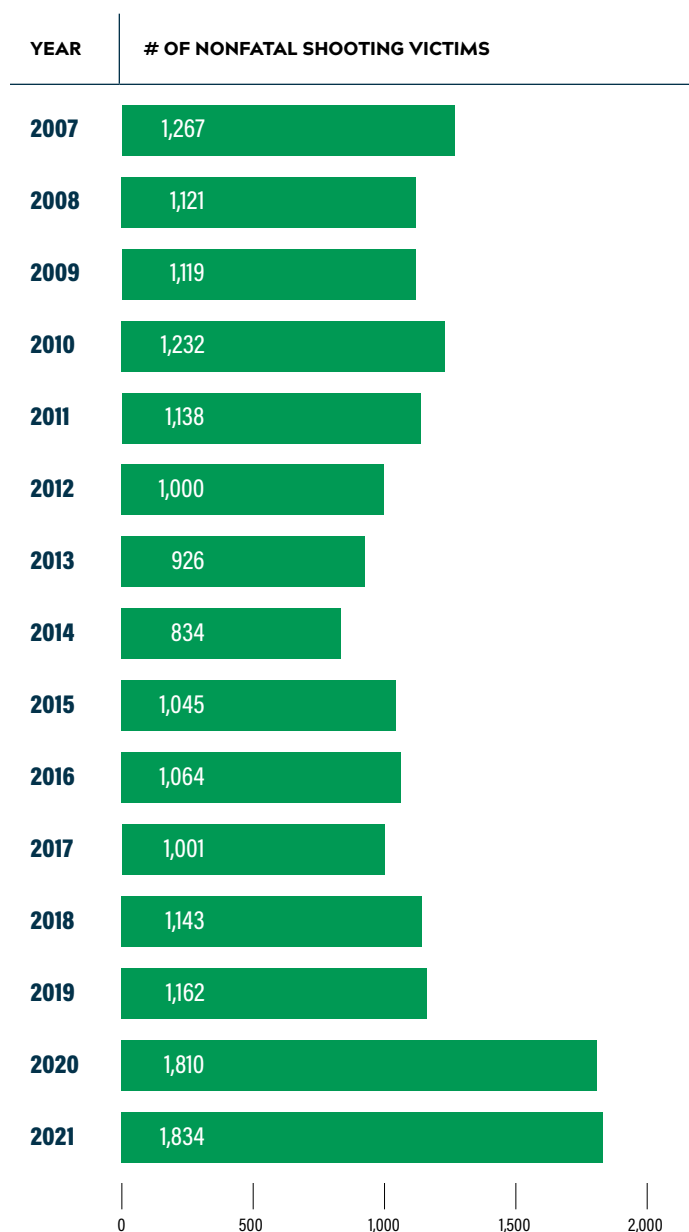
Map of Level 1 hospitals with number of nonfatal shooting victims taken to each trauma center, 2021



NONFATAL FIREARM INJURIES IN PHILADELPHIA

BY YEAR

Number of nonfatal firearm injuries in Philadelphia, 2007-2021



BY AGE

Nonfatal firearm injuries by age, 2021

Children (<18) versus Adults

AGE	# OF NONFATAL SHOOTING VICTIMS	PERCENT OF TOTAL NONFATAL SHOOTING VICTIMS (%)
Adults	1,626	89%
Children (<18)	181	10%
Unknown	27	1%
Total	1,834	100%

Ineligible for HVIP services because <8 or >35 in 2021

Most HVIPs only provide services to clients ages 8-35. 427 (23%) of nonfatal shooting victims in 2021 were ineligible for services because they were younger than 8 or older than 35 years old.

ELIGIBILITY BY AGE	# OF NONFATAL SHOOTING VICTIMS	PERCENT OF TOTAL NONFATAL SHOOTING VICTIMS (%)
Over 35	420	23%
Under 8	7	<1%
8-35 (eligible or unknown)	1,407	77%
Total	1,834	100%

Several programs will provide services on an individual basis for clients outside of the typical age range, however most programs focus on these age groups.

POTENTIAL IMPACTS OF INJURY ON WELL-BEING AND HOW HVIPS CAN HELP: FROM THE RESEARCH



Young adult participants in HVIPs were less likely to report being a victim of violence at month 6 of HVIP treatment.



Recipients of an HVIP intervention showed decreased rates of alcohol and drug use at month 6 of the intervention.



51% of HVIP participants reported having mental health needs. 85% of participants reported that HVIP services met those needs.



Those treated with HVIP services were 3 times less likely to be arrested for a violent crime, 4 times less likely to be convicted of that crime and 2 times less likely to be convicted of any crime.



Patients who received HVIP services were six times less likely to be hospitalized in the future for a violent injury.

THE COALITION IS CURRENTLY FOCUSED ON FIREARM VICTIMS—BUT HVIPS DO MUCH MORE

There are public health benefits to working with individuals who are injured in other ways. Supporting someone at significant risk for firearm injury is a preemptive strategy rather than a reactive one. Prior research shows that assault is a risk factor for future gun violence.

Among adolescents who experienced assault, 23% of them reported having had possession of a firearm in the past 6 months.

22% of adolescents who experienced assault owned highly lethal automatic/semiautomatic weapons.

Assault-injured patients who owned firearms had higher rates of substance use and retaliatory attitudes, which could increase the risk of firearm violence.

Of assault-injured youth who presented to an emergency department (ED), 59% reported violent firearm aggression, victimization and/or firearm injury within 2 years of their ED visit. This highlights the importance of addressing risk factors for future gun violence at the initial ED visit.

Of youth who came to an ED after an assault injury, within the subsequent two months: 18% were assaulted, 3% were shot or stabbed, 21% had assaulted someone else and 3% had shot or stabbed someone else.

DESCRIPTIONS OF THE HVIPS IN PHILADELPHIA

The **Einstein Trauma Intervention Program (TIP)** provides hospital and community support to those who have been violently injured. While a patient is hospitalized or when they're ready to receive services after discharge, TIP provides them with case management that includes the following: help getting medical care, mental health support, legal assistance, educational help, and more.

The **Children's Hospital of Philadelphia Violence Intervention Program (CHOP VIP)** provides hospital to community care for violently injured youth and their families. During hospitalization or after discharge, families are assigned Violence Prevention Specialists who provide case management services based on youth and family-identified specific needs. These services include, but are not limited to, mental health support, legal assistance and help returning to school.

Drexel's Healing Hurt People (HHP) is a hospital and community-based violence intervention program that provides trauma-focused healing services to victims of violent injury and witnesses of violence. At the hospital bedside or when patients are ready to receive support, HHP provides them with trauma-focused case management, peer support services and help that's specific to patients' needs. HHP's licensed clinicians provide evidence-based trauma therapies to reduce ongoing trauma symptoms and barriers that these symptoms present to the attainment of their life goals.

The **Penn Trauma Violence Intervention Program** engages survivors of violent injury to support their recovery in the hospital and in the community. A Violence Intervention Specialist works with patients during their hospitalization or when they present to the follow-up clinic to help them set personalized goals and follow-up plans. Other services provided include the following: healthcare navigation, mental health support, legal assistance, help with returning to school or work, and many other areas.

Temple's Trauma Victim Support Advocates (TVSA) Program places crisis responders in the emergency department 24/7 to help patients and their family members immediately following a violent injury. These advocates perform a variety of functions that include: offering comfort to patients in the trauma bay, giving families regular updates about their loved ones' conditions, providing grief support to families of homicide victims, linking survivors to crime victim services, and offering emotional support to patients after they have been discharged from the hospital.

Jefferson is launching their new program, as part of the Jefferson Center for Injury Research and Prevention, in partnership with Drexel's HHP program.

The children of **St. Christopher's Hospital** are eligible for HVIP services through Drexel's HHP program.

Cure Violence is an evidence-based violence prevention program housed at Temple University's Lewis Katz School of Medicine. This multi-setting approach includes a hospital-based component, which operates at Einstein Medical Center, Temple University Hospital Episcopal Campus, and Penn Presbyterian. Cure Violence uses credible messengers who meet gunshot victims in the hospital and provide trauma-informed support for them and their loved ones, connect them with a Case Manager and Victim Advocate, prevent acts of retaliation, and offer long-term mentorship.

INFORMATION ON PHILADELPHIA'S HVIPS

Future work of the coalition will include learning how many eligible firearm violence victims have received these services city wide by integrating data from our coalition members. While these programs had over a thousand interactions in 2021, future work will enable us to know how many victims of violence were approached, engaged, or received services.

PROGRAM NAME	DEMOGRAPHICS	LOCATION	AGES	EXCLUSIONS	REFERRAL PARTNERS	% OF CLIENTS THAT ARE FIREARM VICTIMS
The Einstein Trauma Intervention Program (TIP)	88% Black, 9% Hispanic, 3% White; 69% male & 31% female	North Philadelphia	14-30	Intimate partner violence (IPV) or sexual assault	Healing Hurt People & Cure Violence	50%
Temple's Trauma Victim Support Advocates (TVSA) Program	75% African American, 17% Hispanic, 6% White, 1% Asian, 1% other; 82% male, 17% female & 1% transgender	North Philadelphia	All ages	NA	Victims Services Agencies	75%
Children's Hospital of Philadelphia's Violence Intervention Program (CHOP VIP)	91% Black, 2.5 % White & 7% multiracial/other; 52% male & 48% female	West and Southwest Philadelphia, but open to all Philadelphians	8-18	Child abuse & IPV if main reason for visit	Penn Presbyterian	10%
Drexel's Healing Hurt People (HHP)	60% African American; 35% Latino; 5% White/other; 44% male, 55% female & 1% transgender	Citywide	8-35	Child abuse & IPV if main reason for visit	Penn Presbyterian, St. Christopher's, Einstein, New Foundations High School, Edison High School	Adults (18+): 67%; Children: 24%
Penn Trauma Violence Intervention Program	96% Black; 78% male & 22% female	West and Southwest Philadelphia, but open to all Philadelphians	Less than 35	Cognitive impairment, injuries precluding participation & non-English-speaking.	CHOP VIP, the Anti-Violence Partnership (AVP), HHP, and Concilio.	95%

*St. Christopher's Hospital for Children and Jefferson are HHP hospitals

SUMMARY OF SERVICES OFFERED

MENTAL HEALTH SERVICES	RELOCATION AND HOUSING
BASIC/CONCRETE NEEDS	CHILDCARE SUPPORT
LEGAL SUPPORT AND IMMIGRATION SERVICES	SCHOOL/EDUCATION-BASED SUPPORT AND ADVOCACY
VICTIMS' ASSISTANCE HELP	MEDIATION AND RECONCILIATION
EMPLOYMENT SERVICES AND WORKFORCE DEVELOPMENT	HEALTHCARE NAVIGATION (INSIDE AND OUTSIDE OF THE HOSPITAL)
TRAUMA SUPPORT GROUPS	HVIPS PROVIDE MANY PERSONALIZED SERVICES BASED ON NEED. THE ABOVE LIST DOES NOT INCLUDE ALL POTENTIAL SERVICES.

BENEFITS OF HVIP ENGAGEMENT



Reduced future contact with the criminal justice system and involvement with violent crime.



Receipt of services including victim of crime compensation assistance, culturally appropriate mental health, employment, housing, education, legal support and family counseling.



Connection of eligible patients to Medicaid, SSI, and Victim of Crime programs.

QUOTES FROM HVIP CLIENTS, CAREGIVERS AND ADVOCATES

“During the COVID-19 pandemic, I received therapy services at HHP, and my experience was life changing. My therapist saved my life.”

–CLIENT

“I received peer support services at HHP, and my experience was great. I looked up to my counselor as an older brother and was helped with anger management.”

–CLIENT

“The entire staff was awesome. Caring. They showed a lot of empathy towards my family. My daughter has become a better person through it all.”

–CAREGIVER

“[The program] did more than motivate me but remade me and made stuff so much easier than what it seemed.”

–YOUTH CLIENT

“[Program staff] love me, I love them. We’re like one big family. They’re there if I ever need anything...So, it’s like I’m still able to contact them even though I’m not in the [program] anymore...I still have that connection with them.”

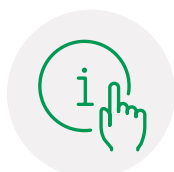
–PEER MENTOR

“I lost a cousin to gun violence. This program wasn’t around when I went through my trauma, but if it was, knowing what I went through at that particular moment, it would have helped. I want to help.”

–VICTIM ADVOCATE

BARRIERS TO HVIP ENGAGEMENT

STRUCTURAL RACISM IS AN OVERARCHING BARRIER TO QUALITY AND EQUITABLE CARE.



Lack of awareness of HVIPs, what they do or how they can help



Trust in the healthcare system



Restrictions on enrollment



The need for engagement outside of the hospital, requiring community-based staff



Limited funding and resources



Lack of a trauma-informed and coordinated system for contacting patients



Backlog on referral to services such as mental health and relocation services



Violence intervention specialists need more support, training, and career opportunities



Poor coordination between systems



Geographic limits of services



Pressing immediate and basic financial needs



Psychological stress



Many stakeholders with competing demands at the hospital bedside, leading to communication and coordination problems



Difficulty sustaining engagement/maintaining communication with participants

RECOMMENDED ACTIONS



FOR HOSPITAL SYSTEMS

- Set the right expectations around enrollment restrictions and services offered
- Have a clear mission and message
- Promote HVIPs—what they do, how they help and their limitations
- Communicate with internal and external stakeholders to streamline and coordinate services
- Develop a strategy for evaluating the effectiveness of your program and services
- Form partnerships with community-based organizations
- Train staff in culturally competent and trauma-informed care
- Care for program staff well by providing support when needed
- Coordinate with different departments within the hospital system
- Invest in infrastructure to supervise the program and manage the workload
- Meet clients where they are, especially when it comes to providing basic needs
- Define policies for law enforcement’s role in the hospital
- Conduct patient satisfaction surveys
- Institutionalize HVIPs by incorporating them into existing institutional or community frameworks
- Create jobs for the community
- Get buy-in from staff, security and administration before starting the program
- Automate as much of the eligibility screening and enrollment as possible so the burden isn’t on the provider
- Have set staff in the hospital who are responsible for providing resources and information to patients
- Commit to working with trusted organizations and partners who can deliver on commitments
- Get feedback from clients about the services offered
- Regularly update staff regarding the HVIP program (especially program successes), to reinforce its value
- Consider the needs of patients’ family and/or friends



FOR HEALTHCARE PROVIDERS

- Responsibility of trauma informed care is not something to leave to the primary care doctor. We all have ownership of this issue, regardless of how you interact with a patient. Share the responsibility and commit to trauma-informed care.
- Become knowledgeable about your local program
- Provide feedback to program leaders
- Consider the whole patient and meet them where they are



FOR PATIENTS/FAMILIES/ COMMUNITY MEMBERS

- Know that there is help and that trauma responses are normal and treatable
- Give feedback to programs and services so they can improve
- Recognize your rights and that you deserve and should expect respect
- Connect with your primary care doctor to take care of your general health
- Remember that you are a survivor and didn't do anything wrong
- Address the stigma around mental health support



FOR VIOLENCE PREVENTION ORGANIZATIONS

- Work with staff who have ties to and knowledge of the community to build trust
- Provide clients with peer support groups to encourage bonding and engagement with the program
- Create a support system for staff to prevent burnout
- Partner with your local hospitals
- Find a champion in the hospital system to promote your program efforts
- Match your resources to your client needs



FOR LAWMAKERS/POLICYMAKERS

- Provide more funding for these efforts to make them sustainable
- Streamline the application process for victims of violence applying for compensation funds
- Re-examine criteria that might disqualify or create barriers for victims of violence requesting compensation or help
- Improve compensation to violence prevention professionals
- Promote legislation that gives victims of community violence the right to community-based peer support like HVIPs
- Support the development and standardization of a training and certification program for HVIP professionals
- Fight to improve access to violence intervention work at trauma centers treating a significant number of victims of violence

“WE NEED TO TRAIN THE NEXT GENERATION OF LEADERS. GETTING TRAINEES IN THE COMMUNITY WITH A SKILL SET FOR ADVOCACY AND POLICY IS CONSISTENT WITH TRENDS IN THE NATIONAL LANDSCAPE.”

–HVIP Coalition Member

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