

# Keeping Kids Safe: Interrupting the Cycle of Violence

Katie Donnelly MD, MPH

8/27/25



**Children's National®**



# Objectives

## Understand

Understand the role of hospital-based violence intervention programs in responding to firearm injuries

## Describe

Describe the components needed to launch a violence intervention program

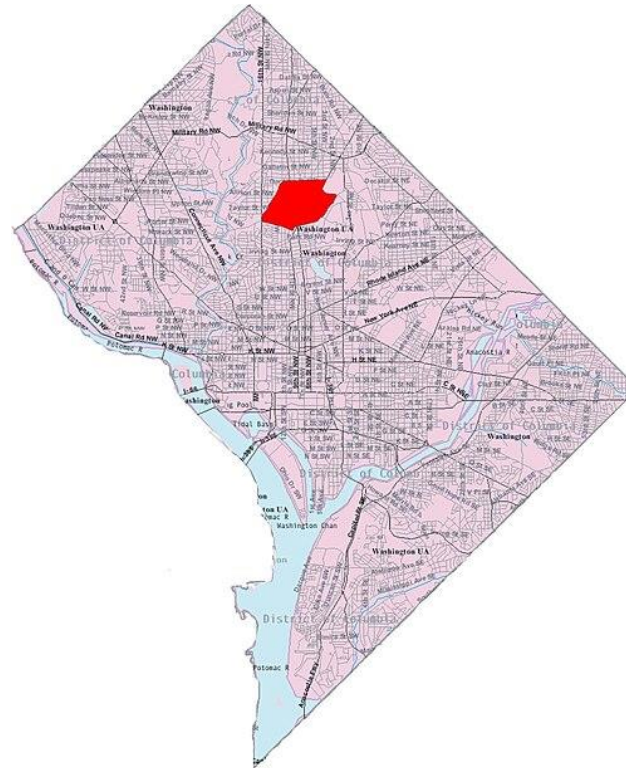
## Learn

Learn how to move your work from in the hospital to out in the community

# Disclosures

- The Youth Violence Intervention Program is supported by two grants
  - Office of Victim Services and Justice Grants, FY2025 Youth Violence Intervention Program (YVIP)
  - Maryland's Governor's Office of Crime Prevention; Expanding Youth Violence Intervention Services for Maryland Survivors

# Who am I?



# Why do I care?

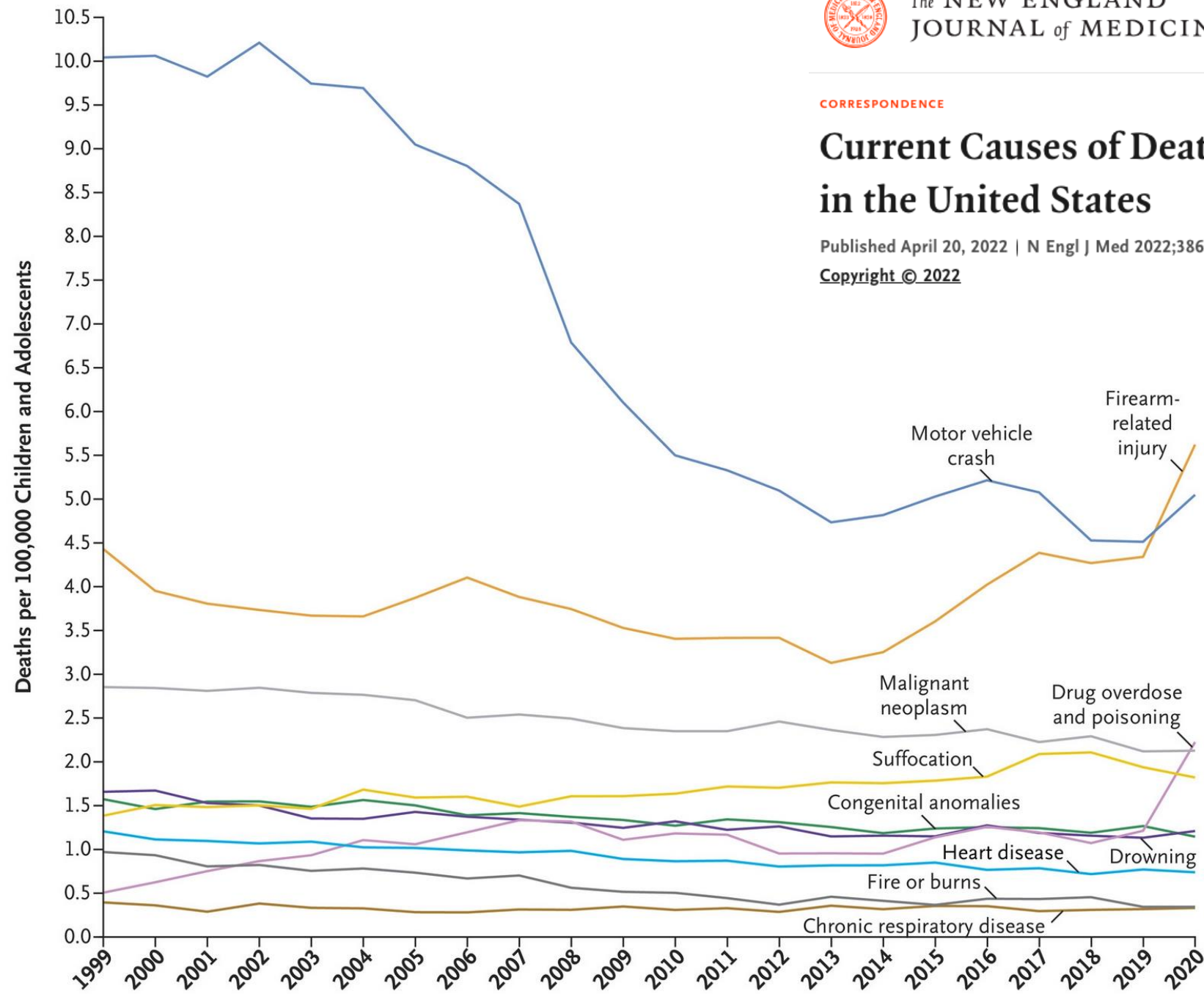


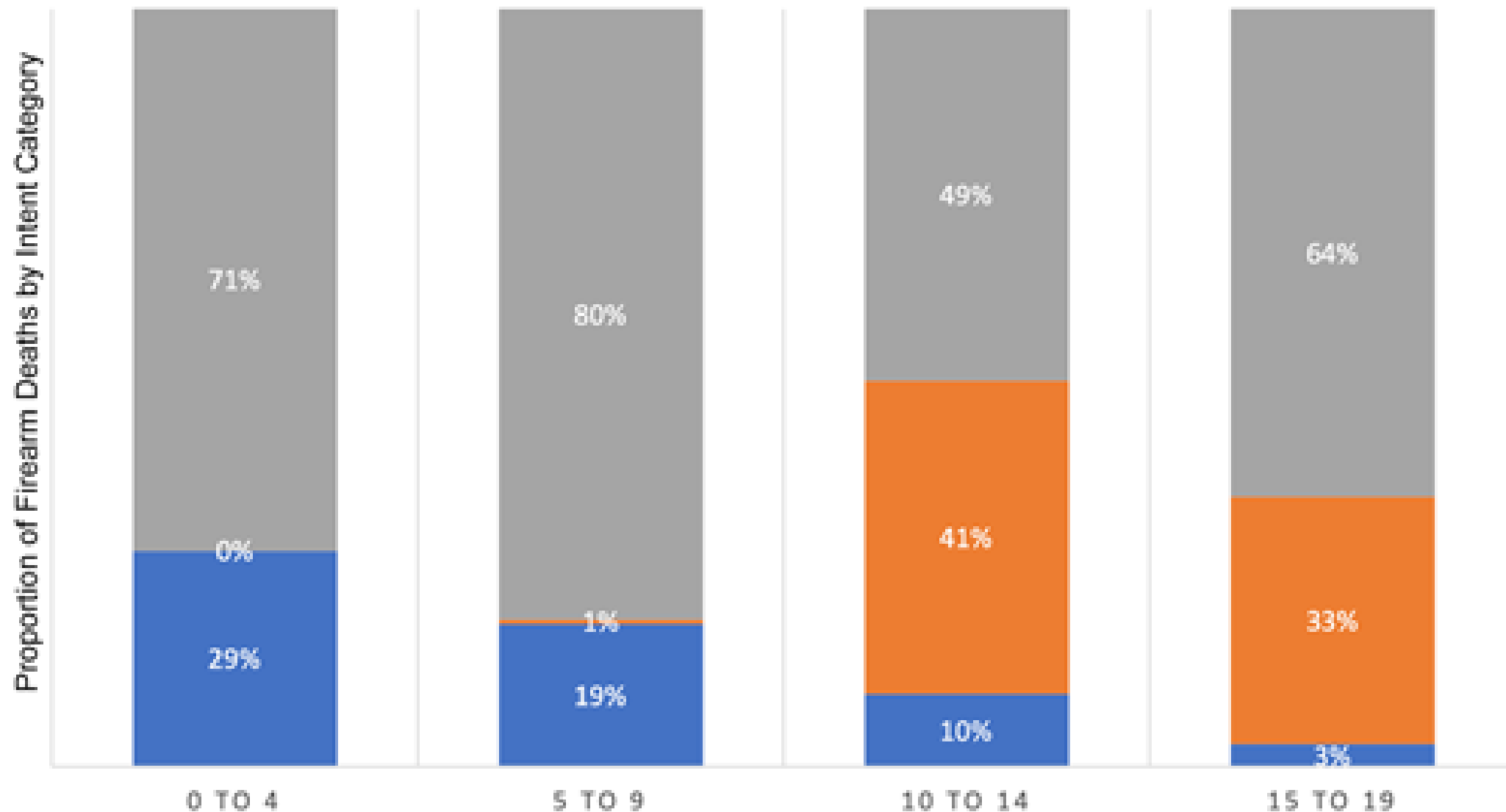
## CORRESPONDENCE

## Current Causes of Death in Children and Adolescents in the United States

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## Pediatric Firearm Injury Mortality Epidemiology FREE

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**CONFLICT OF INTEREST DISCLOSURES:** The authors have indicated they have no potential conflicts of interest to disclose.

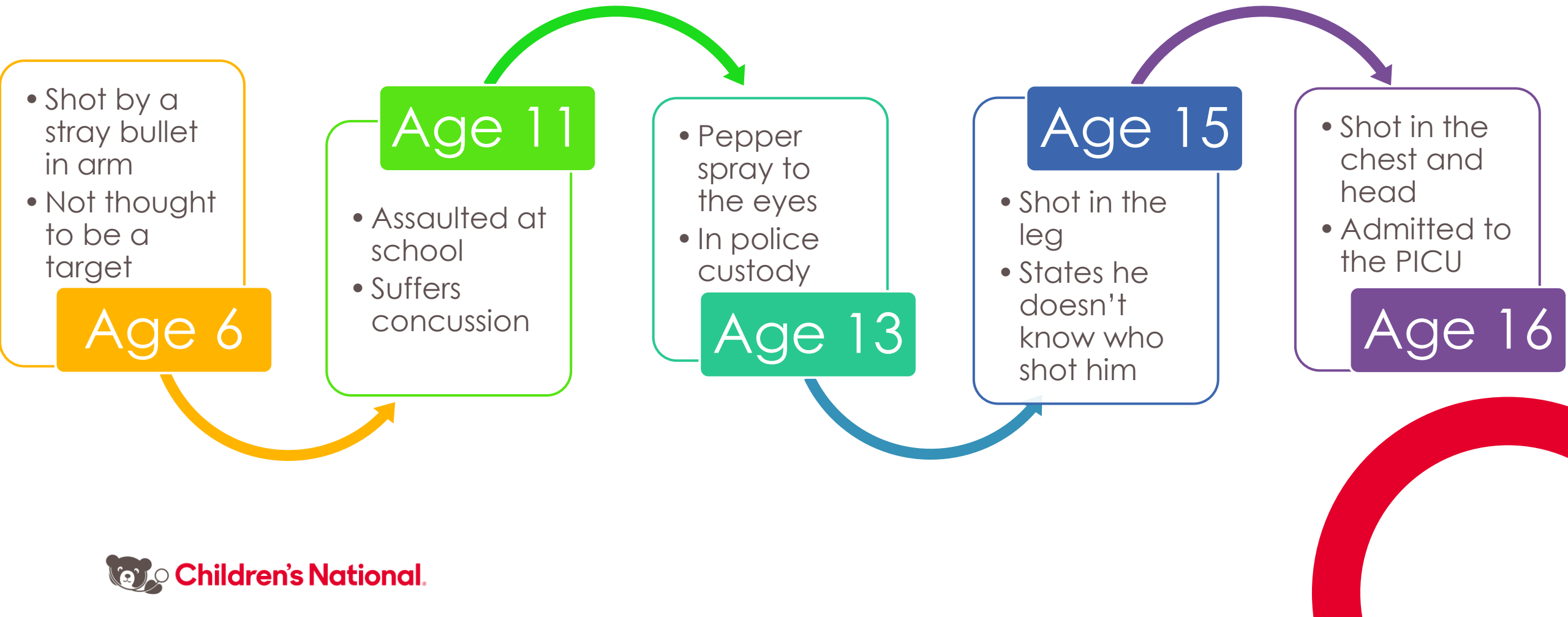
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Unintentional Suicide Homicide

# The Cycle of Violence



# A Public Health Approach to Violence



Data



Causes



Intervention



Evaluation



# Hospital Based Violence Intervention Programs (HVIPs)

## HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS (HVIPS)

CAN HELP **BREAK THE CYCLE OF VIOLENCE.**



To learn more, visit: [www.thehavi.org](http://www.thehavi.org)



THE  
HEALTH ALLIANCE  
for VIOLENCE  
INTERVENTION

## History of HVIPs & The HAVI

# 1994

Youth ALIVE!, a non-profit public health agency based in Oakland, CA, establishes the first HVIP, **Caught in the Crossfire** in collaboration with **Sherman Spears**, a survivor of gun violence.



# 1996

Two years later **Project UJIMA** launches in Milwaukee.



# 1998

**Violence Intervention Program** at University of Maryland Medical Center launches in Baltimore.



# 2009

Youth ALIVE! convenes 30 experts to address practices of successful HVIPs. The **National Network of Hospital-Based Violence Intervention Programs (NNHVIP)** is launched, comprised of 7 programs across the country.



# 2011

NNHVIP publishes **'Violence is Preventable: A Best Practices Guide for Launching & Sustaining a Hospital-based Program to Break the Cycle of Violence'**.



# 2018

NNHVIP hires its first **Executive Director**, **Fatimah Loren Dreier**, and adopts a new name, **the Health Alliance for Violence Intervention (The HAVI)**.



# 2020

The HAVI network grows to over **40 member programs**, with over **30+ emerging programs**. The HAVI has 10 staff.



# TODAY

The HAVI network grows to **50 member programs and 30+ emerging sites in 85+ cities across the U.S.** The HAVI now has **over 30 staff** and continues to grow..



Learn more at [www.thehavi.org](http://www.thehavi.org)

# The Shoulders of Giants



# Violence is Preventable:

**A Best Practices Guide  
for Launching & Sustaining  
a Hospital-based Program  
to Break the Cycle of Violence**

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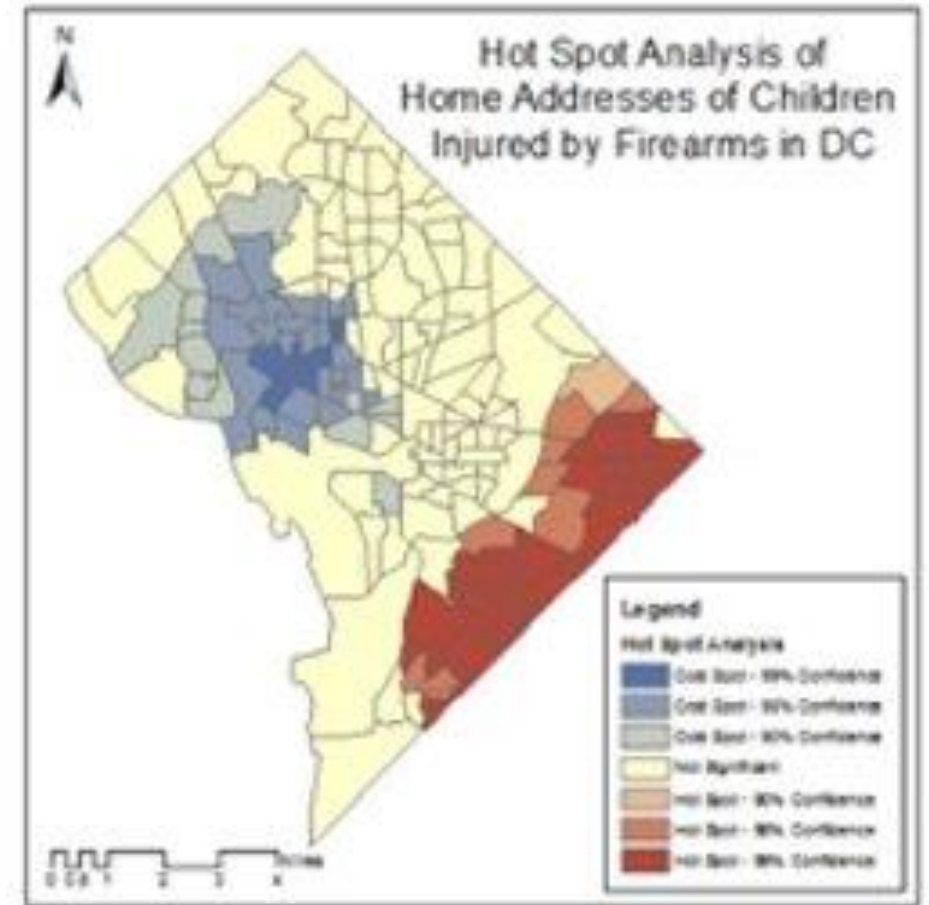
**Lyndee M. Knox, Ph.D.**

# Find your Population

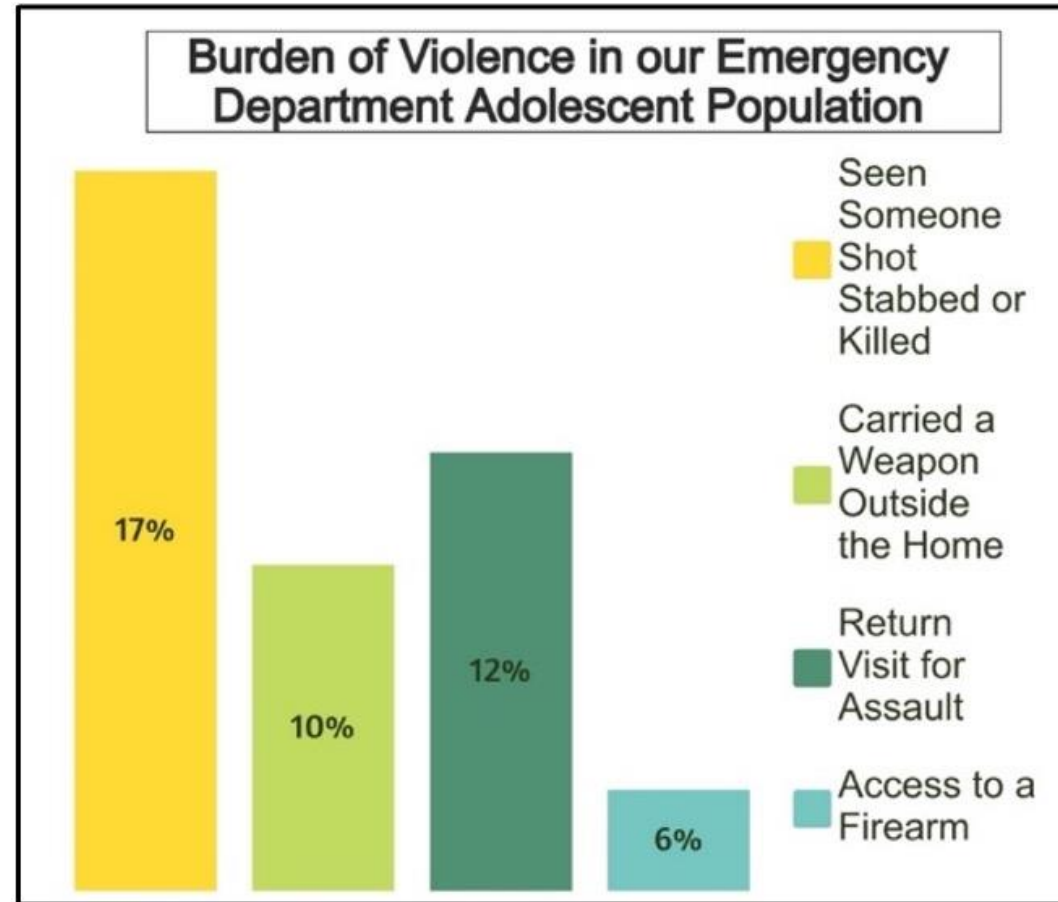


# Gather data to determine need

- Injury Type
- Age
- Gender
- Ethnicity
- Place of residence
- Place of injury
- Time and Day of Admission
- Length of hospital stay



# Burden of Violence on the ED Population



# Choosing your focus population

- Why?
- How?
  - Service location
  - Age
  - Type of injury
  - Home location
  - Cause of injury
  - Justice involved status



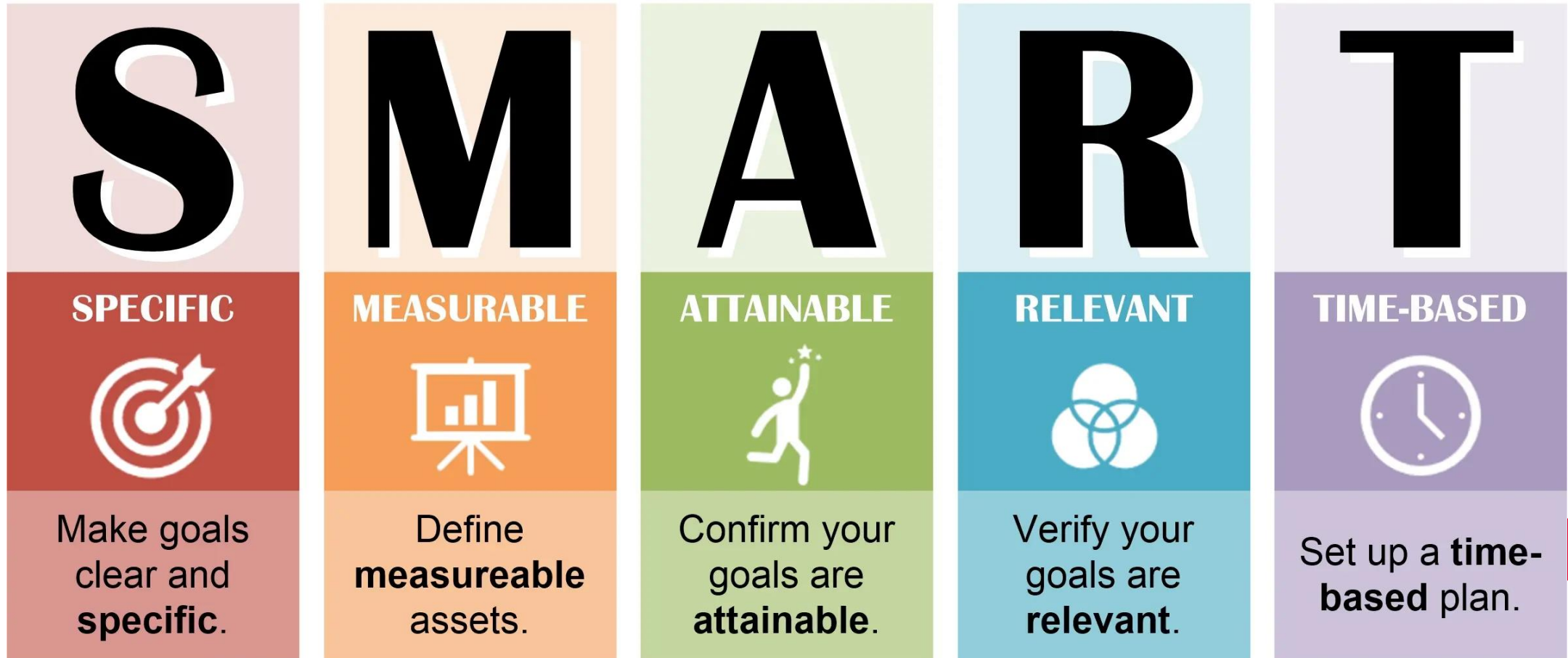
# Establish your Goals and Objectives



# Goals

- Common Participant Goals
  - Prevent re-injury
  - Re-engage in school
  - Promote mental health
  - Obtain employment
  - Obtain safe/stable housing
  - Neighborhood safety
  - Anger Management
- Common Program Goals
  - Develop educational materials
  - Establish work protocols
  - Create connection with community partners
  - Train in new skills

# Objectives



# Secure Hospital Buy-In



# Why?



# How

- National Data
- Local Data
- Cost of care

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## Hospital-centered violence intervention programs: a cost-effectiveness analysis

[Vincent E. Chong, M.D., M.S.<sup>a</sup>](#) · [Randi Smith, M.D., M.P.H.<sup>a</sup>](#) · [Arturo Garcia, M.D.<sup>a</sup>](#) · ... · [Anne Marks, M.P.P.<sup>b</sup>](#) · [Terrence H. Liu, M.D., M.P.H.<sup>a</sup>](#) · [Gregory P. Victorino, M.D.<sup>a</sup>](#)   ... [Show more](#)

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# Personal stories

- Can resonate in ways data cannot
- Bonus if you get them good media too!

## The Washington Post

Papers may vary in areas outside metropolitan Washington.



Partly sunny 68/51 • Tomorrow: Becoming cloudy 70/55 B6

Democracy Dies in Darkness

50¢ US, \$2 US, \$3

FRIDAY, MAY 5, 2023 • \$3



MATT MCCLAIN/THE WASHINGTON POST

### Saving Antonio

After a teen was shot, Children's National Hospital worked to protect him from more violence

BY LIZZIE JOHNSON

Antonio Cheadle trained his eyes on the floor, tufts of dark hair falling to the linoleum, lightly as snow, as the barber traced an electric razor along the curve of his head.

The eighth-grader — whom friends and family call TO — appeared in the barbershop mirror in flashes as the chair swiveled. His New Balance sneakers and camouflage hoodie. The brace on his right hand, so stiff with scar tissue that he couldn't comb his hair. The scar, a dimple of pink, to the left of his jaw.

Bullets had spiraled into Antonio's 103-pound body, one after another, as dusk fell outside his mom's apartment in Southeast D.C. It was four days before Halloween in a city beset by gunfire killing and injuring kids.

One bullet struck the side of Antonio's face, splintering the then-13-year-old's jaw and seven teeth. Others grazed his left hand, fracturing the delicate bones, knuckles and tendons of three

SEE ANTONIO ON A8



AMANDA ANDRADE-RHODES FOR THE WASHINGTON POST

**TOP:** Antonio Cheadle at a physical therapy session at Children's National Hospital in March. The eighth-grader was nearly killed outside his mother's D.C. home. **ABOVE:** Antonio and Jawanna Hardy, the violence intervention specialist helping with his recovery.

### Four Proud Boys guilty of seditious conspiracy in riot

DOJ NOTCHES ANOTHER VICTORY AT TRIAL

Tarrio, who was not at Capitol, is found responsible

BY SPENCER S. HSU,  
TOM JACKMAN,  
RACHEL WEINER  
AND HANNAH ALLAM

Former Proud Boys chairman Henry "Enrique" Tarrio and three other leaders of the far-right extremist group were found guilty Thursday of seditious conspiracy in the Jan. 6, 2021, attack on the U.S. Capitol.

A jury deliberated for seven days in Washington before finding Tarrio, 39, and other defendants guilty on 31 of 46 counts. The jury returned not-guilty verdicts on five counts — including acquitting one member, Dominic Pezzola, of seditious conspiracy — and dead-

locked on 10 others. The result marked the third decisive victory for the Justice Department in three seditious conspiracy trials held after what it called a historic act of domestic terrorism to prevent the peaceful transfer of power from Donald Trump to Joe Biden after the 2020 presidential election.

Tarrio, dressed in a blue suit and vest, gazed at his relatives in the courtroom gallery as the verdict was read. The other men fixed their eyes on the jury foreman, and one gently clapped Pezzola on the back when his acquittal was read.

"If the worst happens... we're SEE VERDICT ON A6

### Conservative judicial activist directed fees to Clarence Thomas's wife

Leonard Leo urged 'no mention of Ginni' on billing paperwork

BY EMMA BROWN,  
SHAWN BOERIG  
AND JONATHAN O'CONNELL

Conservative judicial activist Leonard Leo arranged for the wife of Supreme Court Justice Clarence Thomas to be paid tens of thousands of dollars for consulting work just over a decade ago, specifying that her name be left

off billing paperwork, according to documents reviewed by The Washington Post.

In January 2012, Leo instructed the GOP pollster Kellyanne Conway to bill a nonprofit group he advises and use that money to pay Virginia "Ginni" Thomas, the documents show. The same year, the group, the Judicial Education Project filed a brief to the Supreme Court in a landmark voting rights case.

Leo, a key figure in a network of nonprofits that has worked to

SEE THOMAS ON A14

**Crow's money:** Funds went toward justice's grandnephew's tuition. **A4**

# Find one champion, go to the next



Dr. Joelle Simpson  
Chief, Department of Emergency Medicine



Tonya Kinlow  
(past) Vice President, Community  
Engagement, Advocacy and Government  
Affairs

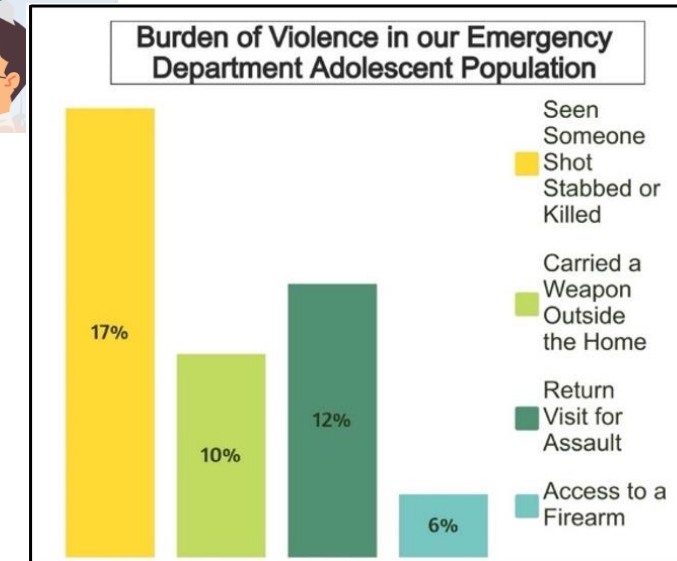
# Apply your knowledge to their Goals

- Children's wants
  - A top tier, nationally ranked hospital
- So, I talked about
  - Other ranked children's hospitals that had programs
  - The evidence behind these programs



# Apply your knowledge to their goals

- Children's wants:
  - To prove community benefit
- So I talked about
  - The need that exists
  - That we would be the only program in our catchment area

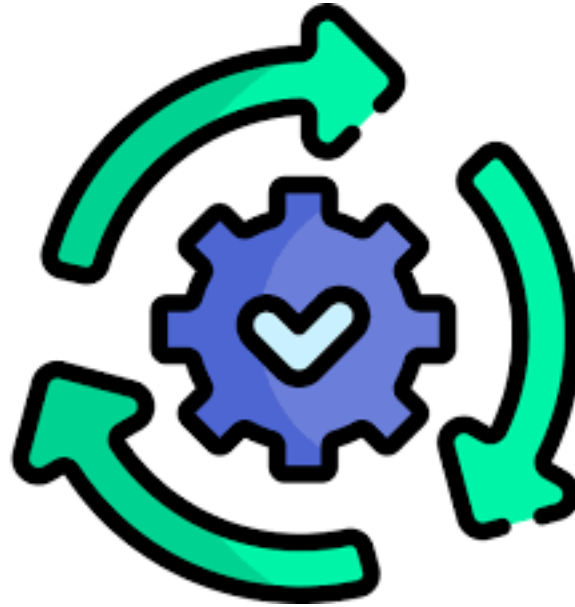


# Apply your knowledge to their goals

- Children's wants
  - More revenue, fewer no-shows
- So I talked about
  - How we would support children coming back for follow up visits!



# Sustaining Support



# Cultivate Partnerships



# Partnerships



# In house partners

- Social workers
- ED providers
- PICU staff

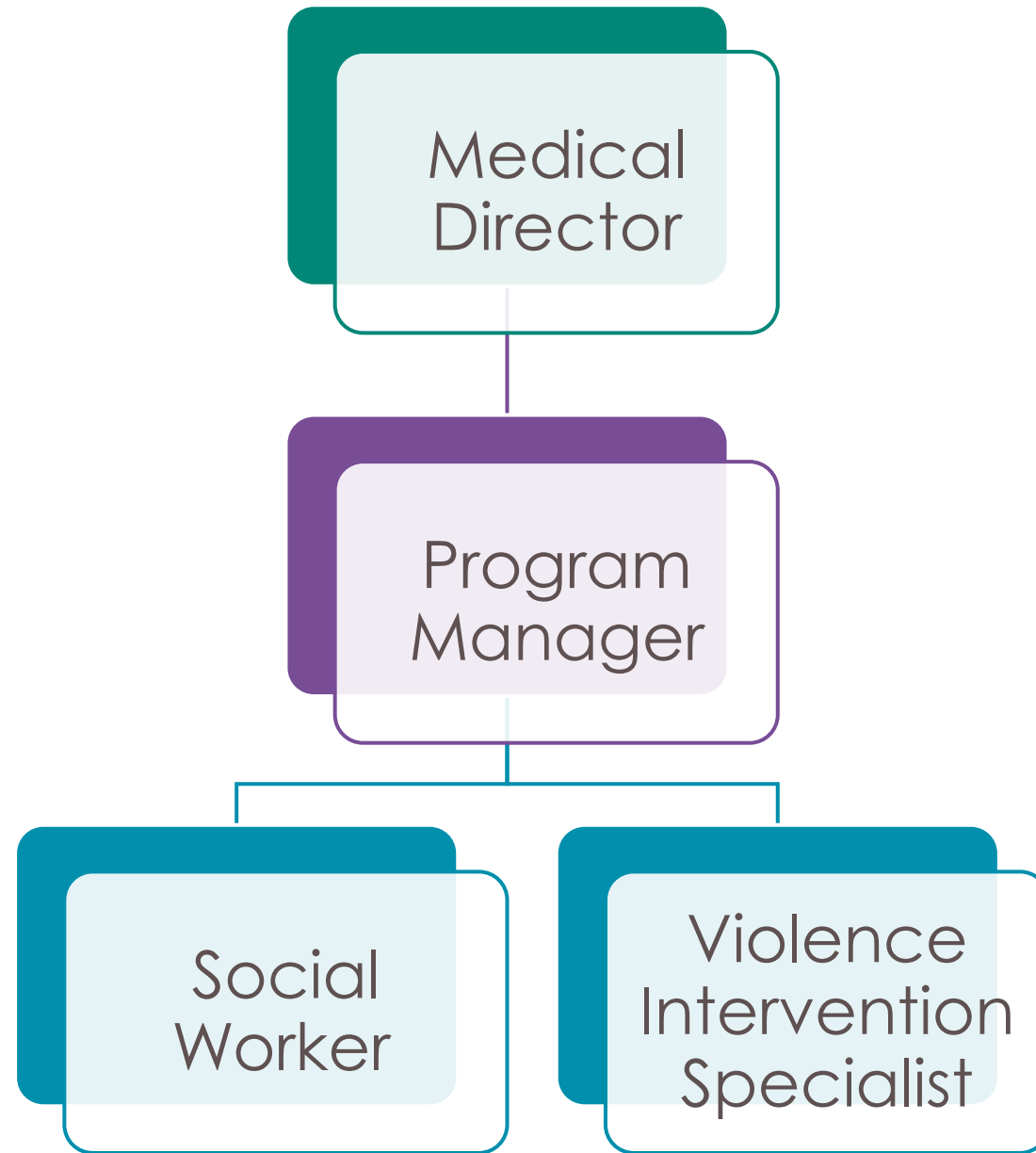


# Extra-mural partners

- Other HVIPs
- Schools/School staff
- Government agencies



# Hiring and Supporting Direct Services Staff



# Direct Service or Frontline staff

- Work directly with participants
- From the same communities as participants
- Focus on healing psychosocial wounds
- Can reach and engage participants in ways traditional medical staff cannot



# Finding Job Applicants

- Reaching out to community partners
- Know the training programs
- Have a competitive salary
- Be realistic with educational requirements
- Have an HR conversation

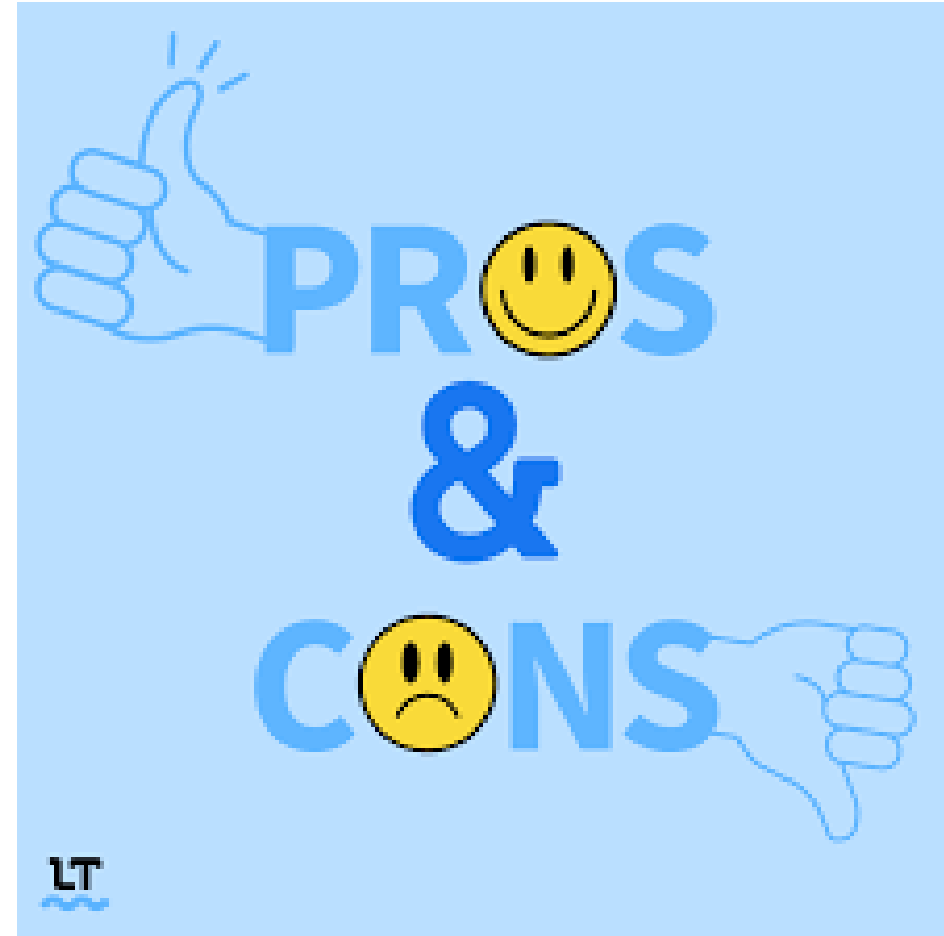


# Training



# Considerations

- Attire
- Work Space
- Hours of work
- Location of work
- Protocols
- Media

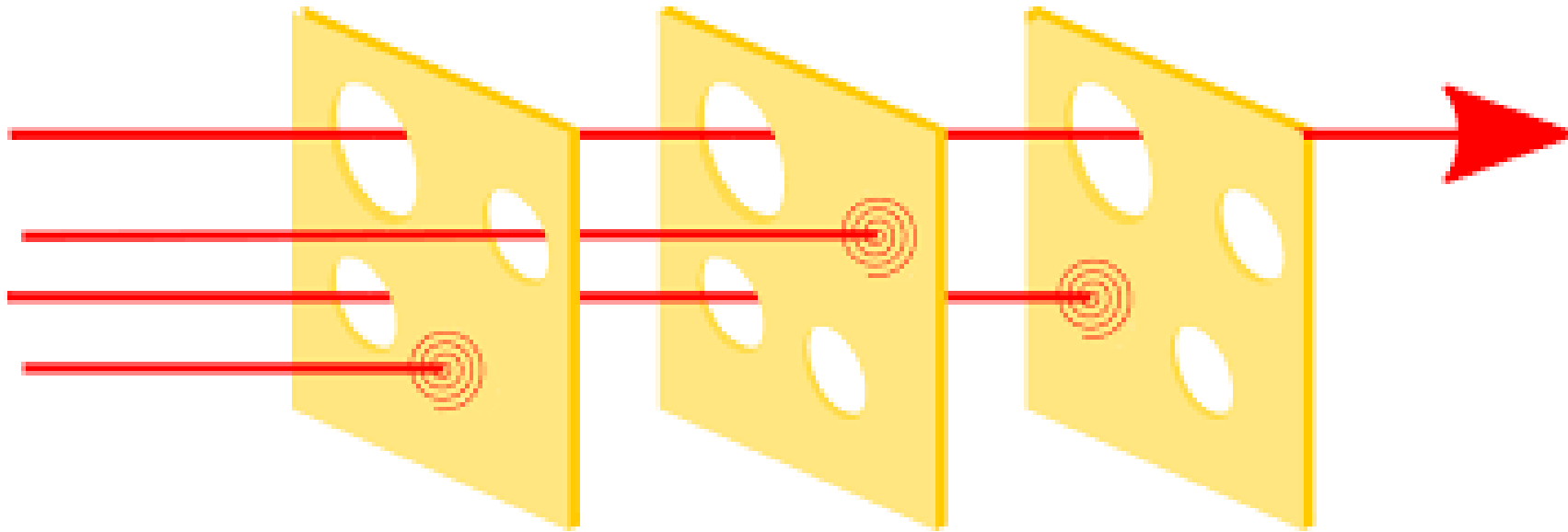


# Identifying Patients, Assessing Risk, Managing the Conflict

# Best practice for supporting youth at high risk for violence

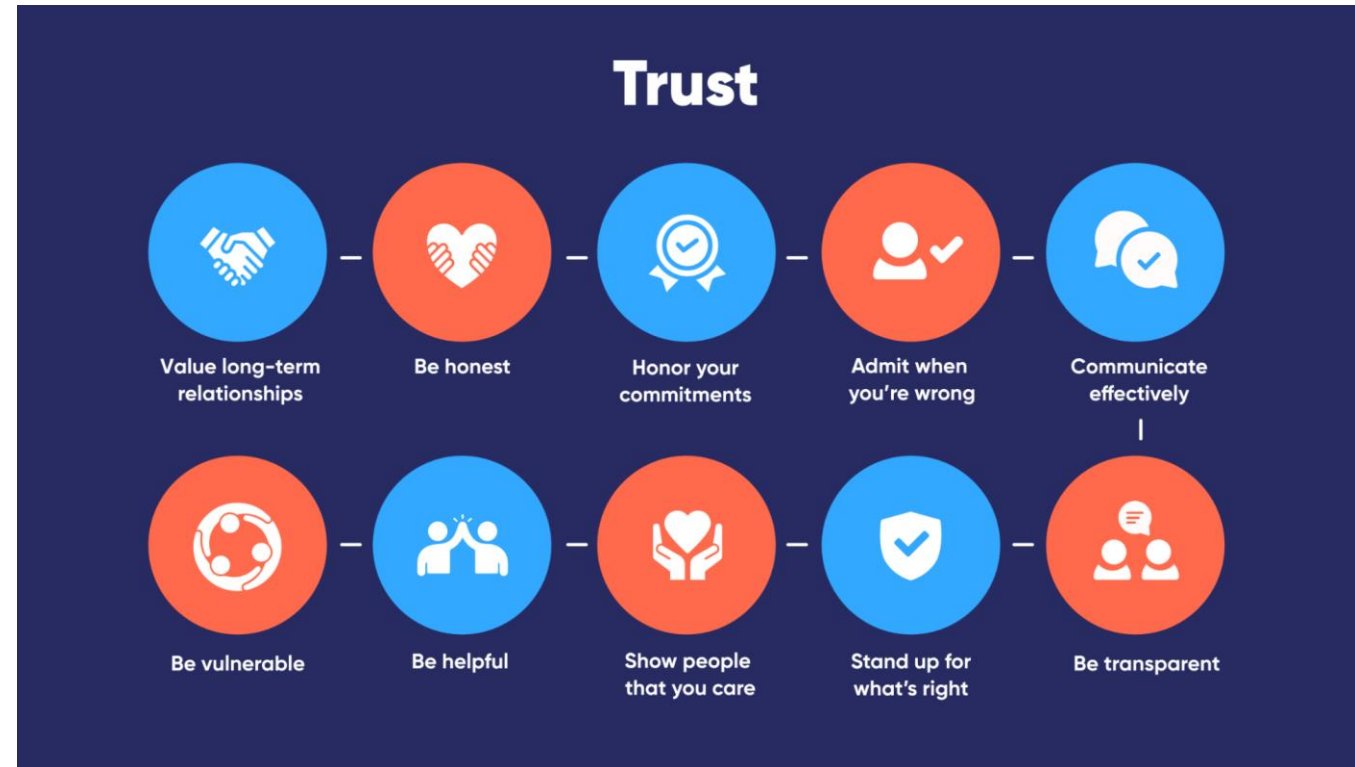
- Assess psychosocial needs and the risk to public health and safety
- Plan for the treatment and services to address these needs/risk, especially retaliation
- Identify programs responsible for post-discharge services
- Coordinating the plan to avoid gaps in care

# Identifying patients



# Building trust

- Staff that are from the communities you serve
- Clear boundary between your program and law enforcement
- Mandatory reporting
- Show up and be consistent



# Risk Assessment

- Address immediate needs
- Explain program
- Review incident
- Prevent retaliation
- Establish follow up plan
- Complete initial needs/strength assessment
- Provide contact info
- Obtain consent

**Risk Assessment Tool**

|   |                                                                                                  |
|---|--------------------------------------------------------------------------------------------------|
| 1 | Do you know the person who hurt you?                                                             |
| 2 | Do you think the conflict that caused this incident is over?                                     |
| 3 | Do you think that you will hurt anyone because of what happened today?                           |
| 4 | Do you think that any of your friends or family will hurt anyone because of what happened today? |
| 5 | Have you reported the incident to the police or other authority?                                 |

# Intervention Services



# Service Models



Brief Intervention



Mentor Provision



Case Management

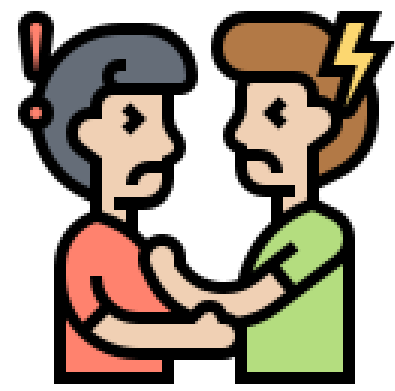
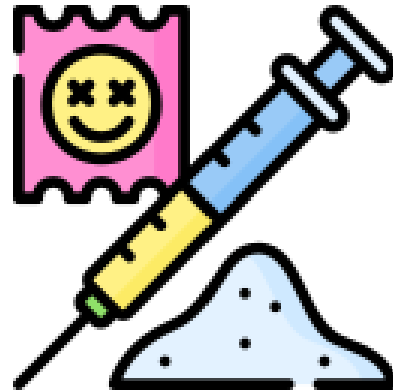


Trauma Informed Treatment



Faith Based

# What to intervene on?



# Duration and Dosage

- Tiers of Service
- Short term vs long term
- Dosage considerations
- Internal vs external

## Tier 1

- Minor injury, engaged in school, no previous juvenile justice, many supports

## Tier 2

- Minor GSW or needs medical follow up, some school difficulty, history of fighting

## Tier 3

- Significant or targeted GSW, disengaged from school, on monitoring, concern for gang/crew involvement



# Program Evaluation

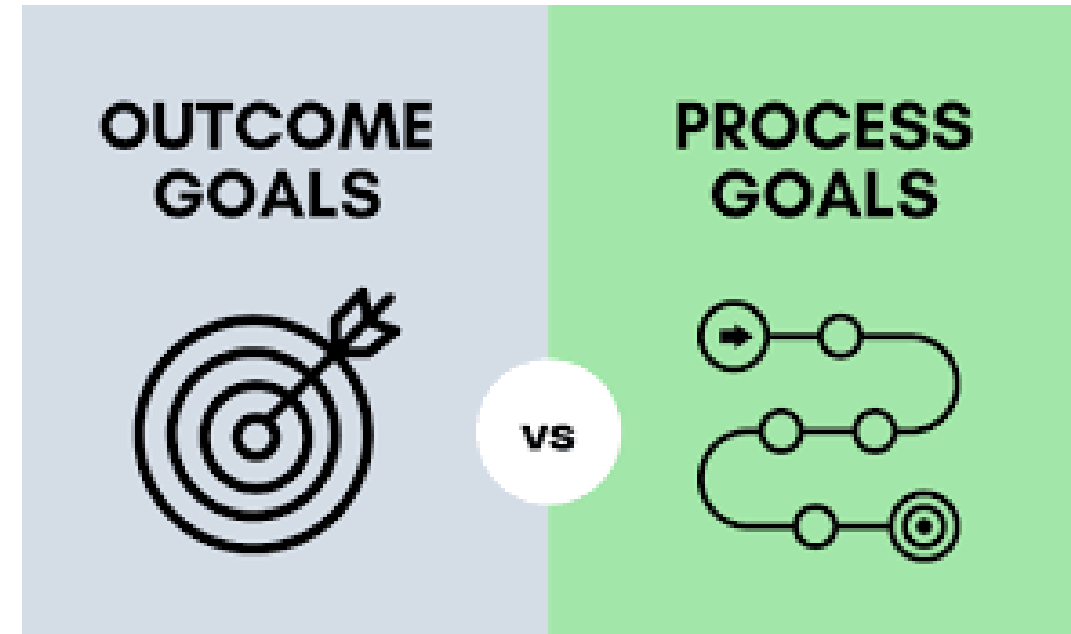


# Data Quality



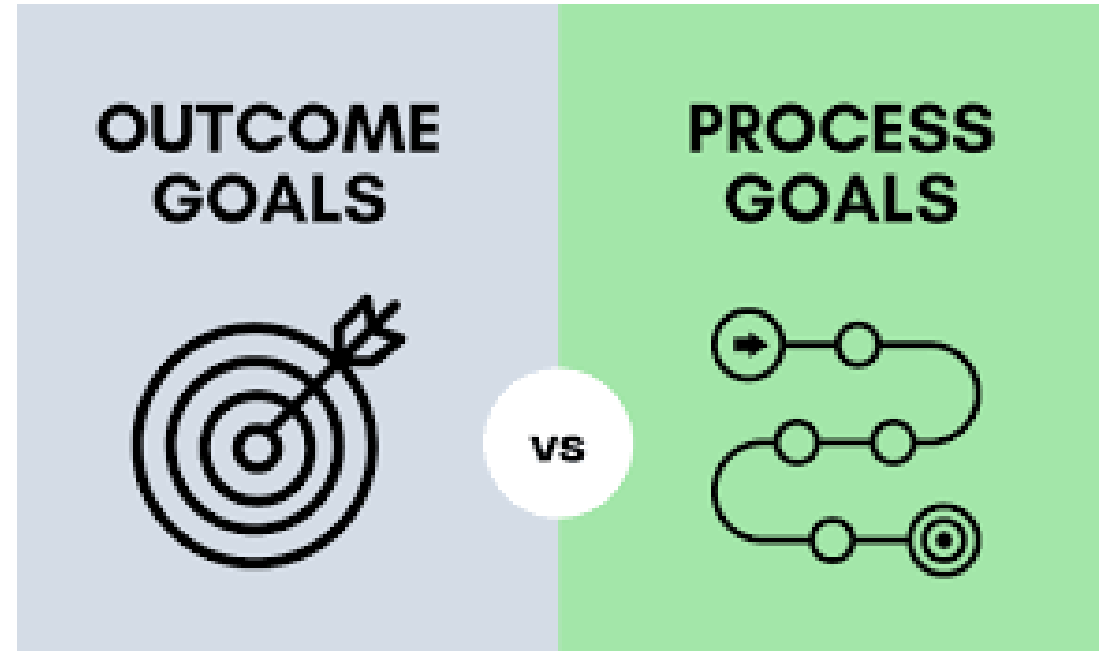
# Process

- Approach
- Follow up
- Referrals
- Close out



# Outcomes

- What outcomes are important to your team?
- What outcomes are important to your funders and stakeholders?



# Obtaining and Sustaining Funding

# Hospital support

- Ask your hospital!
  - Ability to bill for your services
  - Know of donors interested in this work
  - Might just want to fund this work!
- Be creative about “support”
  - Protect your time
  - Allow you access to other resources
  - Throw their weight behind applications

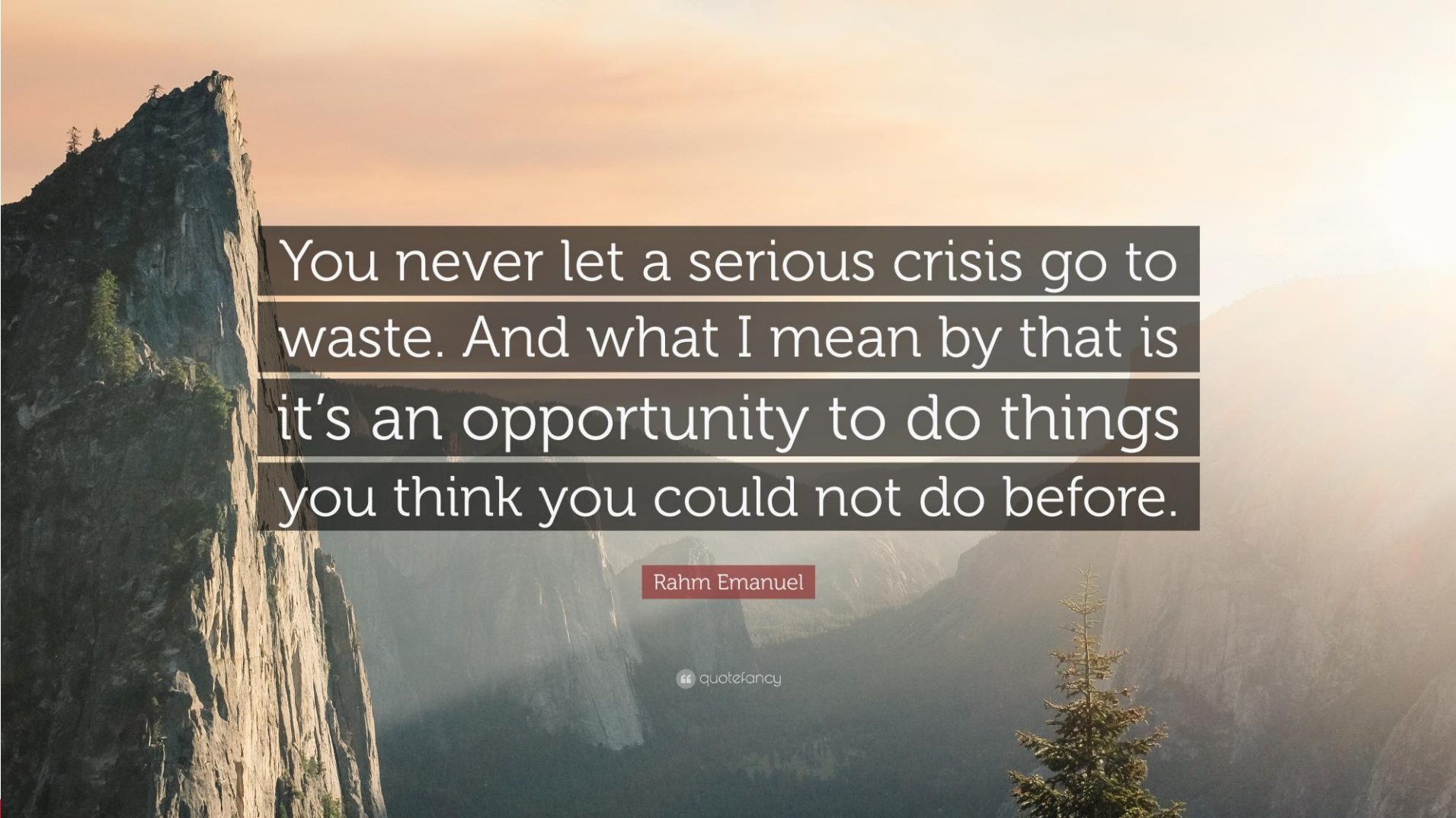


# Outside of your Hospital

- Government
- Private Corporations
- Non-Profits



# Be aware of the news



You never let a serious crisis go to waste. And what I mean by that is it's an opportunity to do things you think you could not do before.

Rahm Emanuel

quote fancy

# Advocacy and Systems Change



# Advocacy

- Knowledge dissemination
  - Interviews
  - Testimony
  - Meetings with policy makers



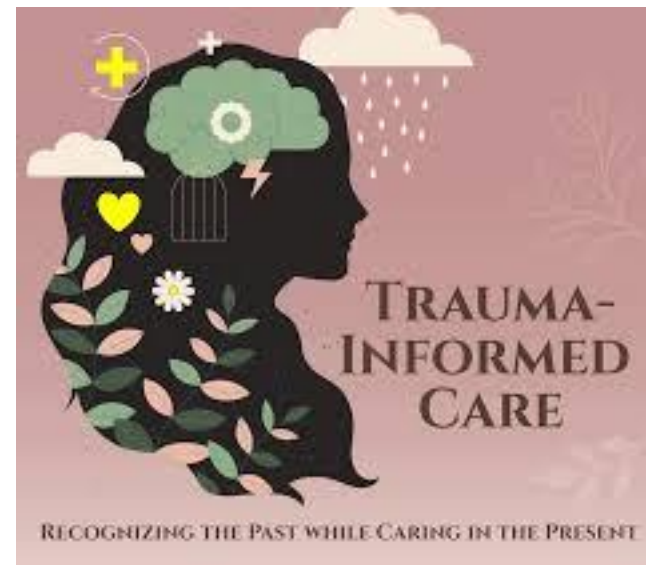
Aug 4, 2022 - News

Children's National is  
interrupting violence one child  
at a time



Chelsea Cirruzzo

# Policy (Internal and External)



A BETTER WORLD



IS POSSIBLE

A Journey  
OF A  
Thousand  
MILES  
Begins With  
A Single Step



Children's National.



**Children's National<sup>®</sup>**

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