

Overview of Hospital-Based Violence Intervention Programs

Working Paper #2014-15



Taylor Trotti
Research Assistant

Jamie Dougherty
Research Associate
(585) 475-5591
jmdgcj1@rit.edu

John Klofas, Ph.D.
Director of Center for Public Safety Initiatives
Rochester Institute of Technology
(585) 475-6386
jmkgcj@rit.edu

September 2014

Center for Public Safety Initiatives
Rochester Institute of Technology

The Rochester Youth Violence Partnership (RYVP), which began in 2005, is an example of a hospital-based violence reduction program that provides intervention services to young victims of shootings, stabbings, or blunt trauma who are treated in the emergency room in Rochester, NY. These programs have become increasingly popular around the country as part of community responses to the problem of violence. This paper provides a summary of the common elements of hospital-based violence intervention programs and summaries of specific programs from around the US (including Rochester) and internationally.

The Need for Hospital-Based Violence Intervention Programs

Hospital-based violence intervention programs are gaining popularity among hospitals, non-profits, and government organizations nationwide. Mark L. Gestring, M.D. and the director of the Rochester Youth Violence Partnership (RYVP) says, “We have worked hard to develop a program that provides victims and their families the resources that they need to stay safe and to end the cycle of violence that frequently develops” (Christensen, 2011). These programs, usually in urban hospitals, attempt to connect victims of violent crimes (i.e. shootings, stabbings, and blunt trauma) to community services to prevent further victimization of the same person or retaliation against another. In general, hospitals refer patients to an outside non-profit or community-based organization, whose staff usually visits the patient and/or family prior to release from the hospital. Developing such a program requires clear definitions of program components, such as the age range of clients, the focus population, the referral source(s), types of services to offer, how to connect clients to services, the length of services, partner organizations, and many more details that are determinant of a program’s success with their community.

Program Components and Considerations

The age of clients/patients is crucial to the effectiveness and influence of the program’s services on the patient’s life as well as violence within the community. Each program has its own target or focus population that they serve, but most of the programs within the National Network of Hospital-based Violence Intervention

Program focus on victims of violent crime between 15 and 25 years old. Some of these programs have provided their services to youth as young as 7 years old and adults up to 30 years old or older. Nonetheless, at-risk youth make up most of these target populations because they are more easily influenced at a younger age and experience the highest levels of violence of any age group. Program staff, often called Intervention Specialists, are thought to be more likely to help rehabilitate these youth and turn their lives around and prevent further retaliatory violence. Experts believe that intervention programs will be most successful for youth under the age of 17 years old. Further, homicide is the leading cause of death for African-Americans between the ages of 15 and 34 years old (Cooper, Eslinger, & Stolley, 2006). This provides another strong reason to focus on this age group in intervention programs.

In Rochester, it was found that “88% of preadolescents in an urban middle school had witnessed a robbery, beating, stabbing, shooting, or murder” (Scharf, 2009). Just witnessing one of these crimes can be a traumatizing event, besides the fact that some youth are involved either as a victim or perpetrator of violence every day. The age of intervention for patients is crucial to the specific type of services and referrals to other community-based organizations the staff give them. With such high levels of violence experienced by urban youth, hospitals began founding these intervention programs to attempt to stop the cycle of violence in many youths’ lives.

More crucial than the age at which program assistance is offered is the timing of when a specialist reaches out to a potential client after they are victimized. Intervention specialists refer to the time lapse between a violent crime victims’ admission into the hospital and time of release from the hospital as the window of opportunity. This window of opportunity contains an even smaller period of time known as the “Teachable Moment.” The “Teachable Moment” is known as the time period in which program staff can most effectively engage a victim of violence and stop the cycle of violence. The time spent in the hospital is particularly crucial because 1) it is easy to contact the patient, 2) many victims re-evaluate their choices when they experience a serious injury, and 3) there is high risk for retaliation or further violence in the time closest to a violent event.

The “Teachable Moment” is crucial to the intake process for intervention programs because only hospital staff have immediate access to incoming patient information such as injury type and contact information. This poses an obstacle

because hospital staff members are not always timely with informing partner program staff that there is a potential client in the Emergency/Trauma Unit. Some programs put their staff through a volunteer process at the partner hospital because they are then given access to same patient information as hospital staff and can therefore remain in compliance with the HIPAA and HITECH laws. Once program staff has made the initial meeting in the hospital, they can form a plan of what services and referrals to other community-based organizations the client requires. This is just the first step of the rehabilitation process that can extend for up to 12 or 18 months.

Hospital-based intervention program services begin with the in-hospital consultation prior to the patient's discharge. Typically, the initial meeting in the hospital consists of a needs assessment, motivational interviewing, and establishment of a service plan. This usually includes an assessment of whether it is safe (for the patient or for others) for the client to be discharged from the hospital. The in-hospital consultation is important because it is essential to encourage new clients during their "teachable moment" to follow through with post-release services. Post-release services include mentoring, parental home visits, information and referral services, case management, healthcare, conflict resolution skills training, advocacy services, and group counseling and support sessions. Advocacy services help the client with legal, educational, financial, entitlement, and/or housing issues.

Hospital-based intervention programs utilize official records such as hospital/Emergency Room records and police, probation, or parole records, but self-reports from program participants are also used to record the program's impact. This poses the risk of using inaccurate information from a participant, whether intentional or not. Some areas that programs rely on participants to relay self-report information is their attitude regarding violence, delinquent behavior, arrests, weapon possession/carrying, family functioning, social competence, drug use, and employment (Greene, 2007). Some of Greene's suggestions for improving future data analysis with clients of these programs include securing participation (if possible) of geographically contiguous hospitals for the purpose of collecting follow-up hospital data, limiting the scope of data collected, and excluding victims of family and sexual violence, as such victims can be served through other, more appropriate programs.

Program Descriptions

We now describe each of the hospital-based violence intervention programs found in our research, including their target populations and descriptions of the services they provide. This information was obtained through program websites and any available scholarly articles or program evaluations found online.

The hospital-based violence intervention program in Rochester (**Rochester Youth Violence Partnership-RYVP**) was founded in 2005 and has been used as a basis for some new programs nationwide. There are 30 total partners that include local non-profit, government, and service-based organizations. Some of the essential partners of the RYVP are the University of Rochester Medical Center (Strong Memorial Hospital), Child Protective Services, Rochester Police Department, Monroe County Sheriff's Department (including Probation), the City of Rochester's Pathways to Peace, the Rochester City School District, and many more. This program recruits victims of penetrating or violent injuries treated at Strong Memorial that are under the age of 25 years old. Such injuries include gunshot wounds, stab wounds, and blunt trauma. Youth Intervention Specialists from Pathways to Peace are paged to the hospital when a youth victim that is eligible for the program is treated at the hospital and agrees to hear about the services available. The Pathways to Peace Youth Intervention Specialist makes an initial meeting at the hospital that can result in a referral to any of the other participating partners of RYVP for the appropriate treatment service(s), as per the patient's requests. They also conduct a safety assessment regarding whether it is safe to release the patient from the hospital; they evaluate whether the patient is at further risk of injury if released or if his or her release may result in retaliatory victimization of another person. They work with the hospital to delay discharge if it is unsafe for release (Klofas & Duda, 2013).

Nationwide, there are currently 22 similar programs operating and 11 emerging programs. The National Network of Hospital-based Violence Intervention Programs (NNHVIP) consists mainly of programs within the United States and a few international programs (Network Members, n.d.). The programs can be similar because of their common goal to reduce repeat violence, but there are many difference among programs based on the differences of each program's location and local violence issues.

AIM (At-Risk Intervention and Mentoring) is a hospital-based program that targets at-risk and gang-affected youth. This program is located in Denver, Colorado.

Their target population is at-risk youth between 10 and 24 years old; patients presenting after a gunshot wound, stab wound, or assault; and other patients that are involved with a gang. Its goals are to identify these youth and connect with them through focused mentoring and support services. The Gang Rescue and Support Project (GRASP) and the Prodigal Son Initiative (PSI) outreach workers handle the mentoring process, while support services go through the Gang Reduction Initiative of Denver (GRID). GRID provides resources to each client who needs help with mental health, drug addiction, education, job placement, and/or housing relocation (What is AIM?, 2012).

Beyond Violence is a city-run program in Richmond and Antioch, California that collaborates with John Muir Health's Trauma Department, Contra Costa Health Services (CCHS), and community-based organizations such as One Day at a Time, The Williams Group, Youth Intervention Network, and the City of Richmond Office of Neighborhood Safety. John Muir Health is responsible for referring trauma patients between 14 and 25 years old who are victims of intentional injuries (i.e. knife assault, gunshot wound, and assault) and reside in either of the two cities listed above, to the program. From that point, the patient is connected to a Beyond Violence Intervention Specialist from their community. The Specialist is responsible for supporting the injured patient and their family and friends to cope with the injury, assisting the patient with follow-up care, and connecting them to community resources that promote healthy choices and avoiding street violence (John Muir Health, 2014).

Bridging the Gap is a non-profit organization out of Richmond, Virginia that commits to "providing a bridge to success" for individuals that struggle with addiction, incarceration, chronic homelessness, and/or lack of employment skills. Their focus population includes ex-offenders, veterans, at-risk youth, substance abusers, and homeless individuals. Bridging the Gap uses services such as reviewing the incident, conflict-resolution strategies, informing the patient that they are still at-risk of another incident, identifying coping skills, and developing a safety plan (all of which and more is done in just the first visit to the patient) (Jordan, 2013). The program offers their services to victims of violent crime that are admitted to the Virginia Commonwealth University Hospital (VCU) after an incident (Bridging the Gap in Virginia, 2014).

Camden GPS (Guidance, Preservation, Support) is a hospital-based violence intervention program in Camden, NJ that utilizes a care management approach for youth and young adults who are treated for injuries from intentional assault (i.e.

gunshot wounds, stabbings, and physical beatings). Intervention Specialists connect participants with any medical care or social follow-up care that they need, including post-trauma counseling, primary/specialty care, criminal justice assistance, education, and employment opportunities (Camden Coalition, 2014).

Caught in the Crossfire is a hospital-based peer intervention program that was the first program of its kind, and led to the founding of the National Network of Hospital-based Violence Intervention Programs (NNHVIP). Caught in the Crossfire has a procedure for when they are contacted by the participating hospitals that involves an intervention specialist arriving within one hour of the patient being admitted to help the injured patient and his/her families and friends cope with the injury and start talking about alternatives to retaliation. The specialist “focuses on developing a trusting relationship with the patient, providing comfort and emotional support, working to prevent immediate and future retaliation, promoting alternative strategies for dealing with conflicts, identifying the youth’s short-term needs, and developing a plan for staying safe” (all of which is done at the initial bedside visit). After the patient is released from the hospital, the specialist continues to follow-up with them through frequent in-person visits and contact via telephone. Some of the services that Caught in the Crossfire provides are medical coverage and follow-up care, educational programs, job training programs, employment opportunities, counseling, life skills training, legal assistance, recreational programs, substance abuse intervention, anger management classes, and safe housing. This program has been evaluated and determined to be an evidence-based program, serving as a model for other hospital-based violence intervention programs (Youth ALIVE!, 2012).

Healing Hurt People is a hospital-based program in Philadelphia, PA, designed to reduce re-injury and retaliation among people aged 8 to 30 years old. The program expanded in 2009 to St. Christopher’s Hospital for Children so they could reach the younger violence victims from ages 8 to 21 years old (Healing Hurt People, 2008).

Journey Before Destination is a hospital-based program out of the Washington Medical Center in Northwest Washington, D.C. The hospital is among the 25 largest in the country. The target population consists of youth aged 14 to 24 years old, victims or perpetrators of violence, and other youth that have been exposed to violence in their community. Their goal consists of intervention, mentoring/education, advocacy/public awareness, spiritual awareness, psycho-social development. All of these goals are

accomplished through a focused mission of developing a coalition and intervention focused on the reduction of violent crimes while providing opportunities to marginalized urban youth. The hospital partners with Columbia Heights/Shaw Family Support Collaborative: Creating Solutions Together, Community Clergy, and the Metropolitan Police Department (Journey Before Destination, 2011).

The **VIAP (Massachusetts's Violence Intervention Advocacy Program)** is unique because it is a collaboration of a state program and three separate district programs combined (at three hospitals within the state). These three programs are run through the Emergency Departments at the Boston Medical Center, Massachusetts General Hospital (Boston), and Baystate Medical Center (Springfield). The program consists of a three-tier system of levels of recovery and development that each client must move through to successfully complete the program. The services this program offers through its three tiers are injury and recovery, basic needs, personal development and growth, and maintenance. Injury and recovery includes mental as well as physical assistance (i.e. physical therapy, substance/alcohol abuse aid, etc.). Basic needs addressed include housing and relocation, food, and family and child support assistance. Personal development and growth is administered through education assistance, job readiness training, employment assistance, and individual and/or family counseling. Maintenance consists of check-ins from program staff to reinforce the maintenance of a job or education and the client's personal development (Violence Intervention Advocacy Program, 2014).

Oasis Youth Support Service (OYS) is a program located in London, England, one of the few international NNHVIP program partner locations. They have broken down the boundaries of having a focused population and look to help nearly anyone who needs it, receiving some of their referrals from local hospitals. They cover areas such as education, healthcare, housing, debt advice, food banks, and more. OYS uses religion as a focal point for steering youth in a positive direction (Oasis, 2007).

Out of the Crossfire is a hospital-based program out of the University Hospital Trauma Center in Cincinnati, Ohio. Two of the doctors in the trauma center, Dr. Johannigman and Dr. Kenneth Davis learned about a hospital-based intervention program in Baltimore, MD and decided that this would be perfect for their hospital. Their program, Out of the Crossfire, opened its doors in August of 2006. The program's goal is to reduce the number of violence-related injuries by reaching out to the youth to

break the cycle of violence. They work with the U.S. Bank Boys and Girls Club in Avondale (Out of the Crossfire, 2009).

Out of Indianapolis, Indiana, **Prescription for Hope** is an initiative focused on Marion County residents that have been involved in criminal behaviors or violent personal injury and who are therefore at an increased risk for recurrence of crime or violence. It is a hospital-based program out of the Sidney & Louis Eskenazi Hospital. Among its goals are reducing recidivism of violence-related injury and readmission into the hospital, developing effective life skills for responsible citizenship behavior, and providing community education and information (Violence Prevention, Wishard, n.d.).

Project Ujima was established in collaboration between the Children's Hospital of Wisconsin, the Medical College of Wisconsin, and the Children's Service Society of Wisconsin in 1996. They are, "committed to helping stop the cycle of violent crimes by reducing the number of repeat victims of violence" (Project Ujima, n.d.). It is a community-based home visitation program, which means that after the initial meeting between the Community Liaison and victim in the Emergency Department, the rest of the program is conducted through home visits by a nurse or Community Liaison. The first meeting at home comes within two weeks of discharge from the hospital. Project Ujima partners with outside agencies to offer counseling and assistance with food, housing, and other services. They also offer a six-week day camp that focuses on youth development, leadership, and self-esteem and a three-day camping and rafting trip (Project Ujima, n.d.).

The **Sacramento Violence Intervention Program (SVIP)** is modeled after Caught in the Crossfire, which is an evidence-based program. The Sacramento program has expanded on Caught in the Crossfire by extending their services to youth in schools that are at risk of being involved with violence, and youth that are on probation for a violent offense. This program recruits patients from the Kaiser Trauma Center and works closely with other programs of WellSpace Health. Clients are then referred to community resources such as social workers, county mental health providers, probation officers, school administrators, and other organizations. The program's Intervention Specialists provide information, referrals, and intensive follow-up services to their clients for up to one year (Sacramento Violence Intervention Program, 2013).

Trauma to Triumph is a hospital-based program based out of San Jose, California that works with Santa Clara County residents between 13 and 30 years old

that are admitted into the trauma center as victims of violence. The program goals include reaching out to victims of gang violence and connecting youth and families to their services. They aim to reduce violence and foster a stable environment to prevent retaliation. Between 2010 and 2012, the program admitted 333 patients; the average age of this group was 21.3 years old (MGPTF Programs and Projects, n.d.).

The **Baltimore Violence Intervention Program (VIP)** location was launched in 1998 at the Adams Cowley Shock Trauma Center in the University of Maryland Medical Center. This hospital-based intervention program provides victims of intentional violent injury with assessment, counseling, and social support from a team of staff members. The four basic phases of change in this program are stabilization, recovery and rehabilitation, community reintegration, and self-reliance and referral. The program priorities include safety issues regarding retaliation, domestic violence, and risk-taking behavior; medical, mental, and social adjustment; healthy coping skills; and connection to community-based services (Violence Intervention Program- Baltimore, MD, n.d.).

The **Philadelphia Violence Intervention Program (VIP)** program provides services to patients of the Children's Hospital of Philadelphia (CHOP) who have been admitted as assault victims. The focus population is youth between the ages of 8 and 19 years old. One of the program's long-term goals is to reduce the odds that the youth will be involved in crime or perpetuate violence in adulthood (Violence Intervention Program - CHOP, n.d.).

The **Savannah, GA Violence Intervention Program (VIP)** hospital-based program targets youth ages 12 to 25 years old. The goals are similar if not the same as the goals of the other VIP programs, but they also include providing court-related services and addressing possible witness intimidation risks (A Free and Valuable Resource for Victims of Violent Crime, n.d.).

The **Boston, MA Violence Intervention Program (VIP)** provides services to patients and families admitted to Brigham and Women's Hospital (BWH). This program features collaborative efforts from the Center for Community Health and Health Equity and the Division of Trauma, Burn and Surgical Critical Care Department. After discharge, the Violence Recovery Specialist (VRS) provides case management, advocacy, and support to the patient and their family to ensure that they have access to any necessary services for recovery (Violence Recovery Program, 2012).

“**Within Our Reach**’ is a prevention program designed to address the psychological needs of at-risk youth who are prone to injuries due to violence” (Walker, 2007). This hospital-based program takes patients from Mt. Sinai Hospital on the west side of Chicago, Illinois (Mount Sinai Hospital, n.d.).

The **Wraparound Project** out of San Francisco, California was a founding member program of the NNHVIP. Wraparound’s case managers provide services such as crisis response, vocational training, gang tattoo removal, after school programs, mental health services, educational advocacy, placement and referrals, and more to youth victims of violence between the ages of 14 and 25 years old (Wraparound Project, n.d.).

Conclusion and Next Steps

Hospital-based violence intervention programs have grown and expanded immensely since the early 2000’s. The concept of breaking the cycle of violence through intercepting a potentially ongoing feud after the first outbreak of violence is a very innovative approach to a major issue (violent crime) within urban areas in the United States. Without the collaborative efforts from a multitude of partner organizations within each intervention program, breaking the cycle of violence within a community grappling with violence would be daunting.

This paper has shown the many similarities among hospital-based violence intervention programs, yet every program is unique. Programs are tailored to their local needs, but all must consider what types of victims they will work with, what age groups, how to make referrals and track outcomes, the ideal timing of interventions, what support services are needed, and who will provide them. While there are issues to work out in every program, there are plenty of innovative models to learn from.

In Rochester, NY the RYVP is made up of very strong partners that, when put together, have made strides in reducing the likelihood of re-victimization or retaliatory violence among some youth in Rochester. More evaluation of the program is needed, however, to determine its effects and whether procedures can be amended to better meet program goals. In future papers, we will expand upon the information here by interviewing program staff in Rochester and elsewhere to better understand their program’s goals, procedures, and struggles. We hope that this will contribute to a growing discussion on how to best operate a hospital-based violence intervention program in urban hospitals.

Resources

- A Free and Valuable Resource for Victims of Violent Crime. (n.d.). Retrieved August 26, 2014, from <http://districtattorney.chathamcounty.org/Victim-Witness/Violence-Intervention-Program>
- Bridging the Gap in Virginia. (2014, January 1). Retrieved August 25, 2014, from <http://www.bridgingthegapinvirginia.org/index.html>
- Camden Coalition of Healthcare Providers. (2014, January 1). Retrieved August 25, 2014, from <http://www.camdenhealth.org/victor-murray/>
- Christensen, K. (2011, June 27). "Violence Intervention Program Honored Nationally for Impact on Young Victims." University of Rochester Medical Center Newsroom, Rochester, NY. Retrieved August 25, 2014, from <http://www.urmc.rochester.edu/news/story/index.cfm?id=3241>.
- Cooper, C., Eslinger, D., & Stolley, P. (2006). Hospital-Based Violence Intervention Programs Work. *The Journal of Trauma: Injury, Infection, and Critical Care*, 534-540. Retrieved August 5, 2014, from <http://www.nonviolenceandsocialjustice.org/SiteData/docs/Cooper-Hospital-based-violence-intervention/c8268f4bd680e7e3cfac8ec7211d7e6a/Cooper-Hospital-based-violence-intervention.pdf>
- Greene, M. (2007, January 1). Outcome Research on Hospital-Based Violence Prevention Programs: What's Been Done & Recommendations for Future Research. Retrieved August 6, 2014, from <http://www.mbgreeniconsulting.com/wp-content/uploads/2012/09/Hospital-Program-Outcomes.pdf>
- Healing Hurt People. (2008, January 1). Retrieved August 25, 2014, from <http://www.nonviolenceandsocialjustice.org/Healing-Hurt-People/29/>
- John Muir Health. (2014, January 1). Retrieved August 25, 2014, from http://www.johnmuirhealth.com/about-john-muir-health/community-commitment/community-health-alliance/our-programs/community_injury_prevention/beyond-violence.html
- Jordan, A. (2013, February 5). Virginia Commonwealth University Trauma Center, Injury & Violence Prevention Program. Retrieved August 25, 2014, from <http://www.ivpp.vcu.edu/programs/bridgingthegap/index.html>
- Journey Before Destination: Violence Prevention Intervention Program. (2011, October 10). Retrieved August 25, 2014, from Youth ALIVE! - Preventing Violence and Developing Youth Leaders - Caught in the Crossfire. (2010, January 1). Retrieved August 25, 2014, from <http://www.youthalive.org/caught-in-the-crossfire/>
- Klofas, J., & Duda, J. (2013, March 1). Rochester Youth Violence Partnership Final Report. Retrieved August 25, 2014, from http://www.rit.edu/cla/criminaljustice/sites/rit.edu.cla.criminaljustice/files/docs/WorkingPapers/2013/Rochester_Youth_Violence_Partnership.pdf.
- MGPTF Programs and Projects. (n.d.). San Jose, CA Official Website. Retrieved August 26, 2014, from <http://www.sanjoseca.gov/index.aspx?NID=3986>

Mount Sinai Hospital. (2014, January 1). Retrieved August 26, 2014, from www.sinai.org/

Network Members. (n.d.). Retrieved August 25, 2014, from <http://nnhvip.org/network-membership/>

Oasis: For people & community - Welcome. (2007, January 1). Retrieved August 25, 2014, from <http://www.oasisuk.org/>

Out of the Crossfire - Saving One Life at a Time. (2009, January 1). Retrieved August 25, 2014, from http://www.redwebzine.net/Features/2008/Crossfire_1003.html

Project Ujima (Milwaukee, WI). (n.d.). Retrieved August 25, 2014, from <http://nnhvip.org/network-membership/project-ujima-milwaukee-wi/>

Sacramento Violence Intervention Program (SVIP). (2013, January 1). Retrieved August 26, 2014, from <http://wellspacehealth.org/svip.htm>

Scharf, M. (2009, January 1). Hospital-Based Violence Intervention: Rochester's Victims Intervention Coalition. Retrieved August 5, 2014, from www.kaleidahealth.org/childrens/grandrounds/pdfs/Grand_Rounds_010909.pdf

Violence Intervention Advocacy Program. (2014, January 1). Retrieved August 25, 2014 from <http://nnhvip.org/network-membership/massachusetts-violence-intervention-advocacy-program>

Violence Intervention Program (Baltimore, MD). (n.d.). Retrieved August 26, 2014, from <http://nnhvip.org/network-membership/violence-intervention-program-baltimore-md/>

Violence Intervention Program - CHOP. (n.d.). Retrieved August 26, 2014, from http://injury.research.chop.edu/violence-prevention-initiative/vpi-signature-programs/violence-intervention-program/#.U_x_6FqY7DU

Violence Prevention, Wishard, Indianapolis, Indiana. (n.d.). Retrieved August 25, 2014, from <http://www.eskenazihealth.edu/our-services/Smith-Level-I-Shock-Trauma-Center/violence-prevention>

Violence Recovery Program. (2012, March 9). Retrieved August 26, 2014, from http://www.brighamandwomens.org/about_bwh/communityprograms/our-programs/violence/violence-recovery.aspx

Walker, E. (2007). *An evaluation study of how Chicago police/G.R.E.A.T. officers perceive their roles in the Chicago police department's G.R.E.A.T. program: Do Chicago police/G.R.E.A.T. officers feel great about the Chicago police department's G.R.E.A.T. program?* (p. 33). Ann Harbor, MI: UMI Microform.

What is AIM? (2012, January 1). Retrieved August 25, 2014, from <http://nnhvip.org/wp-content/uploads/2012/10/Denver-AIM-Flyer.pdf>

Wraparound Project (San Francisco, CA). (n.d.). Retrieved August 26, 2014, from <http://nnhvip.org/network-membership/wraparound-project-san-francisco-ca/>

Youth ALIVE! - Preventing Violence and Developing Youth Leaders - Caught in the Crossfire. (2010, January 1). Retrieved August 25, 2014, from <http://www.youthalive.org/caught-in-the-crossfire/>