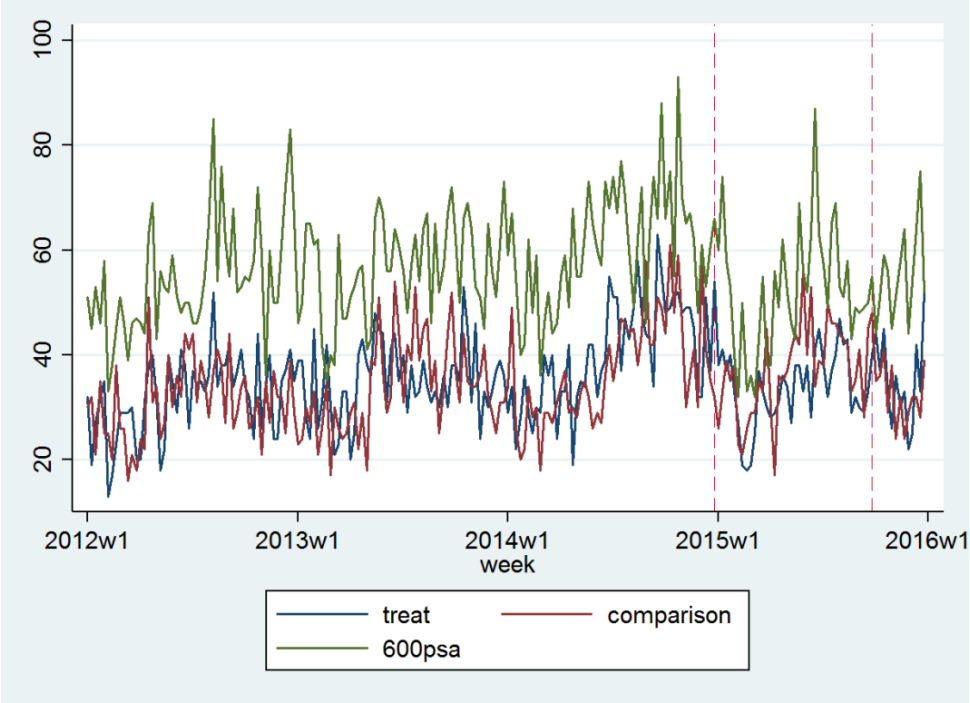
Figure 14. Weekly Serious Crime Averages in the Treatment, Comparison, and Other Sixth District PSAs



Figures 15 and 16 show the results of two-tailed, independent samples t-tests comparing the weekly serious crime averages of the 36-month (2012-2014) and 12-month (2014) pre-intervention periods, respectively, with those of both the 9-month main intervention period (January – September 2015) and the full 12 month period of 2015. We highlight changes that had a less than 10% likelihood of occurring by chance (denoted by a probability or "p" level of p<.10 in the figures); however, we put the greatest weight on those changes that had less than a 5% likelihood of occurring by chance (denoted by p levels of p<.05 or p<.01 in the figures).

Figure 15 shows that the treatment PSAs experienced a moderately significant decline (p<.10) in serious crime during the main 9-month intervention period and for 2015 as a whole, while the matched comparison areas experienced an increase in crime. The other PSAs in the Sixth District also experienced reductions in crime that were slightly larger and reached greater significance (p<.05) than those in the treatment PSAs for both the 9-month and full year intervention periods in 2015.

Figure 15. Two-tailed t-tests of Weekly Serious Crime Count Averages using 36-month Pre-intervention Period

	Treatment PSAs	Comparison PSAs	All other Sixth District PSAs
Before (36 months)	11.9	11.4	11.4
During/After (12 months)	11.4*	12.0	10.6**
During (9 months)	11.2*	12.3*	10.4**

*Significant at p<.10 level; **Significant at p<.05 level; *** Significant at p<.01 level

However, relative to the 12-month pre-intervention period before the intervention (2014), the treatment PSAs had reductions in crime during 2015 that were highly significant (p<.01) and slightly larger than those in the other PSAs of the Sixth District. (The comparison PSAs experienced smaller reductions in crime during this time that were not statistically significant.) In other words, by shortening the pre-intervention period to the 12 months prior to the intervention, treatment PSAs seem to have had a larger crime reduction effect. However, the similarity of changes in the treatment PSAs and other PSAs of the Sixth District (see Figures 15 and 16) indicate that we can't make a definitive statement as to whether the crime declines in the treatment PSAs were related to the PSN-DC intervention or to a more localized effect of crime trends in the Sixth District.

Figure 16. Two-tailed t-tests of Weekly Serious Crime Count Averages using 12-month Pre-intervention Period

	Treatment PSAs	Comparison PSAs	All other Sixth District PSAs
Before (12 months)	13.5	12.4	12.2
During/After (12 months)	11.4***	12.0	10.6***
During (9 months)	11.2***	12.3	10.4***

*** Significant at p<.01 level

Similar findings were discovered when examining only weekly averages for violent crime (see Figures 17 and 18).

Figure 17. Two-tailed t-tests of Weekly Violent Crime Count Averages using 36-month Pre-intervention Period

	Treatment PSAs	Comparison PSAs	All other Sixth District PSAs
Before (36 months)	3.8	2.5	3.1
During/After (12 months)	3.4**	2.3	2.8**
During (9 months)	3.4*	2.3	2.6***

*Significant at p<.10 level; **Significant at p<.05 level; *** Significant at p<.01 level

Figure 18. Two-tailed t-tests of Weekly Violent Crime Count Averages using 12-month Pre-intervention Period

	Treatment PSAs	Comparison PSAs	All other Sixth District PSAs
Before (12 months)	4.2	2.5	3.2
During/After (12 months)	3.4***	2.3	2.8**
During (9 months)	3.4***	2.3	2.6***

Significant at p<.05 level; * Significant at p<.01 level

When examining individual changes in treatment and comparison PSAs for both serious crimes and violent crimes more specifically, it appears that individual PSAs may have been impacted differently by the PSN-DC intervention. Figures 19 and 20 show the two-tailed t-tests of weekly serious crime count averages using both the 36-month and 12-month pre-intervention periods, respectively. The most robust results are those for PSA 601, which showed statistically significant reductions in crime in both analyses, while its matched comparison area (PSA 406) experienced an increase in crime. PSAs 602 and 608 only experienced statistically significant declines in crime relative to 2014 (results were stronger for PSA 602) and only 602 appeared to fare notably better than its matched comparison area (PSA 505), particularly when examining changes relative to 2014.

Figure 19. Two-tailed t-tests of Weekly Serious Crime Count Averages using 36-month Pre-intervention Period for Treatment and Comparison PSAs

PSA	601	406	602	505	608	701
Before (36 months)	7.1	6.4	17.1	16.1	11.6	11.6
During/After (12 months)	5.8**	7.8**	16.9	17.3	11.3	11.0
During (9 months)	5.8**	8.6***	16.9	17.3	10.9	11.1

Significant at p<.05 level; * Significant at p<.01 level

Figure 20. Two-tailed t-tests of Weekly Serious Crime Count Averages using 12-month Pre-intervention Period for Treatment and Comparison PSAs

PSA	601	406	602	505	608	701
Before (12 months)	7.9	7.1	20.3	17.8	12.2	12.3
During/After (12 months)	5.8***	7.8	16.9***	17.3	11.3	11.0
During (9 months)	5.8***	8.6*	16.9***	17.3	10.9*	11.1

*Significant at p<.10 level; **Significant at p<.05 level; *** Significant at p<.01 level

Similar findings emerge when examining violent crime weekly counts for treatment and comparison PSAs, as shown in Figures 21 and 22. Again, PSA 601 showed the best results, followed by PSA 602. PSA 608, in contrast, had an increase in violence.

Figure 21. Two-tailed t-tests of Weekly Violent Crime Count Averages using 36-month Pre-intervention Period for Treatment and Comparison PSAs

PSA	601	406	602	505	608	701
Before (36 months)	2.2	1.1	5.4	3.0	3.8	3.3
During/After (12 months)	1.4***	1.0	4.8	3.1	3.9	2.9
During (9 months)	1.4***	1.0	5.0	3.0	3.9	3.0

*** Significant at p<.01 level

Figure 22. Two-tailed t-tests of Weekly Violent Crime Count Averages using 12-month Pre-intervention Period for Treatment and Comparison PSAs

PSA	601	406	602	505	608	701
Before (12 months)	2.7	1.2	5.9	3.1	4.0	3.2
During/After (12 months)	1.4***	1.0	4.8**	3.1	3.9	2.9
During (9 months)	1.4***	1.0	5.0*	3.0	3.9	3.0

*Significant at p<.10 level; **Significant at p<.05 level; *** Significant at p<.01 level

Summary

Our analysis indicates that violent and other serious crimes declined overall in the PSAs that received the PSN-DC intervention, particularly in comparison to the year preceding the program. Furthermore, comparisons of the PSN-DC PSAs to similar PSAs in other parts of the city indicate that the drop in crime in the PSN-DC PSAs was not related to a general pattern throughout the city. However, we cannot make a strong claim that the reduction in crime in the PSN-DC targeted areas was due to the PSN program (or any particular parts thereof). This is because the other PSAs in the Sixth District that did not receive the PSN-DC treatment also experienced a very similar crime decline. This implies that the crime drop in the PSN areas may be associated with other social factors and/or crime prevention initiatives that caused a localized crime drop throughout the Sixth District.

Additionally, individual treatment PSAs were impacted differently. While PSAs 601 and 602 experienced reductions in both total and violent crimes (especially when compared to the prior year), violent crimes appeared to increase in PSA 608 by a small amount. The patterns across PSAs also do not match in any obvious way with patterns of program activity; for example, the greatest drop in crime occurred in PSA 601 where program staff conducted the fewest activities. This also creates some ambiguity in the interpretation of results.

Again, it is important to note that the nature of this PSN focused on targeting high-risk youth, and did not include an area-level suppression effort in collaboration with a law enforcement agency. Further, many program activities were conducted outside the target areas, thus reducing the intensity of effort in those areas. Whether these factors contributed to the lack of robust findings, we cannot say for sure. However, in other violence suppression efforts such as Boston Ceasefire, law enforcement efforts were an important contributor to area-level reductions of violent crime. Combining both gang suppression efforts by law enforcement, with increased information sharing with outreach workers who have strong ties with communities as well as high-risk youth and their families may be the right formula in sustaining violence reduction in places like the Sixth District.

Implementing family-centered prevention approaches is challenging in places with high levels of violent crime. At the same time, while police enforcement efforts can be effective, they can also be short-lived. Combining law enforcement efforts directed at serious crimes and gang activity with outreach activities to target high-risk youth with services and support can be promising. Future PSN projects in Washington D.C. should focus on strengthening the relationship between criminal justice agencies and community outreach groups like the CSC, to sustain violence reduction in these places through collaborative efforts and better information sharing. Further, with regard to the PSN-DC program, it may be prudent for project staff and their partners to concentrate their efforts—even at the individual level—in specific places where crime concentrates most. It is understandable that the nature of CSC's efforts (especially

the referrals of outreach workers using on-the-street community intelligence) may take them far afield from their targeted areas. However, the CSC and groups like CSC trying to implement similar programs should carefully consider the impact they wish to achieve given the resources they have. Being disciplined about staying in a targeted area that has high levels of crime may yield significant and readily discernible benefits, as opposed to spreading resources thinly across a larger jurisdiction.

References

Block, P. (2005). *Civic engagement and the restoration of community: Changing the nature of the conversation*. Retrieved from http://www.asmallgroup.net/pages/content/civic_engagement.html

Braga, A. A., Kennedy, D. M., Waring, E. J., & Piehl, A. M. (2001). Problem-oriented policing, deterrence, and youth violence: An evaluation of Boston's Operation Ceasefire. *Journal of Research in Crime and Delinquency, 38*(3), 195-225.

Braga, A. A., Hureau, D. M., & Papachristos, A. V. (2014). Deterring gang-involved gun violence: measuring the impact of Boston's Operation Ceasefire on street gang behavior. *Journal of quantitative criminology, 30*(1), 113-139.

Bureau of Justice Assistance (2004). *Project Safe Neighborhoods: America's network against gun violence.* (NCJRS Document No. 20523). Washington, D.C.: Bureau of Justice Assistance.

Bynum, T.S., & Varano, S.P. (2003). The anti-gang initiative in Detroit: An aggressive enforcement approach to gangs. In S.H. Decker (Ed), *Gangs, youth violence and community policing* (213-238). Belmont, CA: Wadsworth.

Bynum, T.S., Grommon, E., & McCluskey, J.D. (2014). *Evaluation of a comprehensive approach to reducing gun violence in Detroit.* (NJCRS Document No. 244866). Washington, D.C.: Department of Justice.

Center for youth Policy Research. (2006). *Gang Intervention Partnership: Evaluation of and recommendations regarding a program to reduce criminal activity of Latino gangs in the District of Columbia*. Retrieved from http://mpdc.dc.gov/node/209332.

Collaborative Solutions for Communities. (2014, June 18). *Critical incident protocol*. Unpublished internal document.

Collaborative Solutions for Communities. (2007, June 7). *CHSFSC violence intervention framework: Web of supports*. Unpublished internal document.

de Shazer, S. & Dolan, Y. with Korman, H., Trepper, T., McCollum, E. & Berg I.K., Steve (2007). *More Than Miracles: the State of the Art of Solution-focused Brief Therapy*. New York, NY: Routledge.

Federal Bureau of Investigation. (2015). *Uniform crime reports* [Data file]. Retrieved from https://www.fbi.gov/stats-services/crimestats

Howell, J.C. & Hawkins, J.D. (1998). The prevention of youth violence. *Crime and Justice, 24,* 263-315.

Kennedy, D. M., Piehl, A. M., & Braga, A. A. (1996). Youth violence in Boston: Gun markets, serious youth offenders, and a use-reduction strategy. *Law and Contemporary Problems, 59*(1), 147-196.

Kennedy, D. M. (1996). Pulling levers: Chronic offenders, high-crime settings, and a theory of prevention. *Val. UL Rev*., 31, 449.

Kennedy, D. M. (2011). *Don't shoot: one man, a street fellowship, and the end of violence in inner-city America*. Bloomsbury Publishing USA.

Lehman, P., Jordan, C., Bolton, K.W., Huynh, L., & Chigbu, K. (2012). Solution-focused brief therapy and criminal offending: A family conference tool for work in restorative justice. *Journal of Systemic Therapies, 31*(4), 49-62.

McGarrell, E.F., Chermak, S., Wilson, J.M., & Corsaro, N. (2006). Reducing homicide through a "Lever-Pulling" strategy. *Justice Quarterly, 23*(2), 214-231.

Piehl, A. M., Cooper, S. J., Braga, A. A., & Kennedy, D. M. (2003). Testing for structural breaks in the evaluation of programs. *Review of Economics and Statistics, 85*(3), 550-558.

Ratcliffe, J. H. (2004). The hotspot matrix: A framework for the spatio-temporal targeting of crime reduction. *Police practice and research, 5*(1), 5-23.

Rossi, P.H., Lipsey, M, & Freeman, H. (2006). *Evaluation: A systematic approach*. 7th ed. Newbury Park, CA: Sage

Rubin, D. B. (1990). Formal modes of statistical inference for causal effects. *Journal of statistical planning and inference, 25*(3), 279-292.

Sampson, R. J. (2011). The community. In J.Q. Wilson & J. Petersilia (Eds.), *Crime and public policy*, 210-236. Oxford: Oxford University Press.

Sherman, L. W., Gartin, P. R., & Buerger, M. E. (1989). Hot spots of predatory crime: Routine activities and the criminology of place. *Criminology, 27*(1), 27-56.

Sherman, L. W., & Weisburd, D. (1995). General deterrent effects of police patrol in crime “hot spots”: A randomized, controlled trial. *Justice quarterly, 12*(4), 625-648.

Weisburd, D., Bushway, S., Lum, C., & Yang, S. M. (2004). Trajectories of crime at places: A longitudinal study of street segments in the city of Seattle. *Criminology, 42*(2), 283-322.

Appendix A: Critical incident protocol

Critical Incident Meeting

- Convened by MPD and Lead Community Based Coordinator (based on knowledge of Level 1 or Level 2 incident provided by all partners)
- Three functions:
    - Suppression of violence through a quick arrest (MPD Role)
    - Focused Intervention and Outreach to prevent retaliation (Shared MPD and Community Role)
    - Web of Support to support victim(s), family and friends, and community (Community Role)

Critical Incident Meeting Protocol

- Develops and implements a four pronged violence intervention strategy to suppress violence, prevent retaliation, coordinate web of support for victim(s), families and friends, and take temperature of overall community to estimate public safety / community health level.
- For Level 1 incidents, the implementation of violence intervention strategy shall be reviewed at 24 hour intervals by MPD and Lead Community Based Coordinator. Subsequent meetings are determined by MPD and Lead Community Based Coordinator.

- Identification and interview of Victim(s)
    - MPD interview to identify perpetrator(s) and make arrest(s)
    - MPD interview to weigh potential for retaliation
    - Outreach workers interview to identify physical, social, emotional needs as result of violent incident for potential referral to case management services
    - Outreach workers interview to weigh potential for retaliation.
- Identify top three potential shooters and targets in retaliatory violence
    - Review of most recent gang / crew conflict mapping / ecogram of relevant groups
    - MPD and Outreach workers consolidate information gathered through interviews with victim(s), family, friends, community members
    - Deploy MPD and Outreach workers with most credibility with identified parties to engage, redirect, de-escalate, and relocate as necessary in order to prevent further violence.
- Support services for Family and Friends
    - Received referral from Outreach worker and / or MPD
    - Assessment of family and friends of victim(s)
    - Align services required by family / friends with service providers already supporting family or best suited to assist according to family / friends' needs.
- Community "Cool Down"
    - As needed, coordinate with schools, mental health, parks and recreation, and community based organizations a series of "cool down" activities to restore sense of

public safety / public health in immediate and surrounding neighborhoods where incident occurred and / or originated.
  - MPD and Outreach worker coverage of vigils.
  - Monitoring of public memorials.

The following best practices and innovative approaches provide the foundation for the Critical Incident Protocol and development of the violence intervention strategy:

- Solution Focused Brief Therapy
  - Identification of Victim(s)
    - MPD interview to identify perpetrator(s)
    - MPD interview to weigh potential for retaliation
    - Outreach workers interview to identify physical, social, emotional needs as result of violent incident
    - Outreach workers interview to weigh potential for retaliation
  - Identify top three potential shooters and targets in retaliatory violence
    - MPD and Outreach workers consolidate information gathered through interviews with victim(s), family, friends, community members
    - Deploy MPD and Outreach workers with most credibility with identified parties to engage, redirect, de-escalate, and relocate as necessary in order to prevent further violence.
  - Support services for Family and Friends
    - Assessment of family and friends of victim(s)
    - Align services required by family / friends with service providers already supporting family or best suited to assist according to family / friends' needs.
  - Community "Cool Down"
    - As needed, coordinate with schools, mental health, parks and recreation, and community based organizations a series of "cool down" activities to restore sense of public safety / public health in immediate and surrounding neighborhoods where incident occurred and / or originated.
- Family Group Conferencing
  - Identification of Victim(s)
    - Outreach worker interview to identify physical, social, emotional needs as result of violent incident
  - Support services for Family and Friends
    - Align services required by family / friends with service providers already supporting family or best suited to assist according to family / friends' needs.
- Outreach Worker Certification
  - Identification of Victim(s)
    - Outreach worker interview to identify physical, social, emotional needs as result of violent incident
    - Outreach worker interview to weigh potential for retaliation

    - Identify top three potential shooters and targets in retaliatory violence
        - MPD and Outreach worker consolidate information gathered through interviews with victim(s), family, friends, community members
        - Deploy MPD and Outreach workers with most credibility with identified parties to engage, redirect, de-escalate, and relocate as necessary in order to prevent further violence.
    - Community "Cool Down"
        - As needed, coordinate with schools, mental health, parks and recreation, and community based organizations a series of "cool down" activities to restore sense of public safety / public health in immediate and surrounding neighborhoods where incident occurred and / or originated.
- Restorative Practices / Healing Circles (In developmental phase)
    - Identification of Victim(s)
        - Outreach worker interview to identify physical, social, emotional needs as result of violent incident
        - Outreach worker interview to weigh potential for retaliation
    - Identify top three potential shooters and targets in retaliatory violence
        - Review of most recent gang / crew conflict mapping / ecogram of relevant groups
        - MPD and Outreach worker consolidate information gathered through interviews with victim(s), family, friends, community members
        - Deploy MPD and Outreach workers with most credibility with identified parties to engage, redirect, de-escalate, and relocate as necessary in order to prevent further violence.
    - Support services for Family and Friends
        - Assessment of family and friends of victim(s)
        - Align services required by family / friends with service providers already supporting family or best suited to assist according to family / friends' needs.
    - Community "Cool Down"
        - As needed, coordinate with schools, mental health, parks and recreation, and community based organizations "cool down" activities to restore sense of public safety / public health in immediate and surrounding neighborhoods where incident occurred and / or originated.
        - MPD and Outreach worker coverage of vigils.
        - Monitoring of public memorials

Appendix B: Critical incident meeting report

Collaborative Solutions for Communities
Critical Incident Meeting

1. INTERVENTION: Identify victim and victim's family to ensure victim is safe, getting treatment, and receiving other supports / services appropriate to injury.

2. INTERVENTION: Identify and assess, through street and MPD intelligence potential risk of retaliation. Identify most likely targets or perpetrators of future violence and using combined MPD, law enforcement, community resources to establish intervention / outreach plan to reduce risk of retaliation.

3. INTERVENTION / PREVENTION: Identify extended family, close friends / crew and gang associates closest to victim who also may need trauma support and services as result of the incident. The aim is to reduce trauma, tension, pain, hurt. Unresolved pain, hurt, trauma, tension has a rippling affect. This step is key to ongoing violence prevention efforts and long term positive youth development strategies.

4. PREVENTION: Assess community temperature following incident and take steps to reduce temperature - - both short and long term. This step is key to ongoing violence prevention efforts and long term positive youth development strategies.

Date of Incident:

Date of Critical Incident Meeting:

Location of Incident:

Location of Critical Incident Meeting:

Participants in Critical Incident Meeting:

Brief Summary of Incident:

1) Victim identification
2) Retaliation Risk Assessment
    a. Potential Perpetrators
    b. Potential Targets
2) Family and Extended Family Engagement
3) Community cool down

Next Steps

Coordination

Service / Effort	Responsibility	Time-Frame for Completion
Dates and Times for follow up CI meetings/conference calls		

Summary

Internal Evaluation: Scale of 1 – 5. 1 being average and 5 being excellent:

Use of Open Ended Questions and Solution Focused Inquiry: 1 2 3 4 5

Amount of interaction between partners: 1 2 3 4 5

Quality of information shared between partners: 1 2 3 4 5

Partners familiarity with young person / family / neighborhood: 1 2 3 4 5

Appendix C: Community "cool down" Vigil Protocol

Youth Violence Intervention & Prevention
Candle Light Vigil Protocol

Vigils are a tool to help the loved ones of victims cope and mourn for a lost family member. It is also a tool for CSC to engage family members, support them in their time of need, all while keeping everyone – including CSC staff safe. Below is a protocol for vigils to protect the safety of family members, friends, community at large, and staff.

1. Prior to vigil approval, the following questions must be answered and submitted to management staff:

Question	Answer
Why does the family want a vigil?	
Length of time?	
Location of vigil?	
What does the family hope to change as a result of this vigil?	
What will friends gain by a vigil?	
Name and contact of family members that can be contacts to help keep family safe:	
Who will be the point of contact (POC) to communicate with friends and help set expectations?	
Facebook Handle? CSC page to add POC as friend. Done?	
Who is the POC for immediate family? How do we know that information is being properly disseminated to family and communicated in a timely manner?	
Who is the CSC outreach worker and what is their biggest fear about the vigil?	
Who might show with "beef" at the vigil and may antagonize the situation? Do we have a description and name of these individuals?	
Who in the family / friends most likely to retaliate?	

2. During the vigil please consider the following questions and provide real time update. Establish a protocol with MPD without sharing sensitive information like names and contacts of CSC Outreach workers and case management staff.

Are victims or perpetrators on the scene? Who?	
Do we have a 3 to 1 ratio of CSC personnel on the scene?	
Are we prepared to report in real time? How?	
Procedure to remove unwanted antagonists?	

3. MPD must be coordinated with before, during and after vigil.

MPD must be given exact location and help with identifying strategic areas to cover. What is the location and areas to cover?	
What is the level of concern for retaliation? 1-10	
MPD must be present (uniformed and plain clothed preferred) confirmed?	
MPD must remain after vigil to help disperse crowd. Confirmed?	
Time frame and logistical information must be communicated to MPD. Confirmed?	
Outreach worker and case management team must not be on email chains. Confirmed?	
Procedure to inform MPD if an unwanted antagonist in the crowed needs to be removed. Confirmed?	

4. CSC must have a visual presence at candle light vigils. Consider the use of vests or jackets.

Attachment 4

Project CHANGE-Male Survivor

A

Gap Analysis

Presented to

Office of Victim Services and Justice Grants

By

Christopher St. Vil

Summary

Purpose

Assess the current Project CHANGE program to 1) identify how the program serves male survivors, 2) identify barriers to service uptake for male survivors, and 3) propose an expansion of services consistent with the gap analysis delivered.

Current State

Project CHANGE is a violence intervention program that provides trauma informed and crisis intervention services to survivors of violent injury. Project CHANGE focuses on two types of survivors: survivors of sexual assault/domestic violence and trauma survivors who have experienced a violent injury. Survivors and Advocates for Empowerment and the Network for Victim Recovery of DC provide crisis response services to victims of domestic violence and sexual assault/trauma respectively. Both the domestic violence and sexual assault/trauma components have relatively low numbers of men who report to crisis service providers and, as such, relatively low numbers of men who have been able to access these services.

Future State

Project CHANGE-MS seeks to:

- Increase the number of male victims of violence who engage/access program services
- Increase the number of children of male victims of violence who engage program services
- Decrease the obstacles that discourage the engagement of services by male victims of violence
- Implement, increase, and emphasize program characteristics and features that encourage the engagement of Project CHANGE services by male trauma survivors

The Gap

The gaps in Project CHANGE in relation to recruiting male victims of violent victimization based on interviews with service providers and a review of the literature include the following factors:

a. Lack of staff who reflect the cultural disposition of the victims (Race and gender may be adequate but is not sufficient!)
b. Mistrust of mainstream institutions (health care providers and law enforcement) on the part of patients
c. The perceived involvement of law enforcement on the part of the patients
d. The hinging of CVC to law enforcement cooperation

Recommendations as a Result of Gaps:

a. Cultural competence includes issues related to class. All team members should be trained and familiar with code of the street, masculinity, and identifying mental health issues.
b. Review protocol to determine how health care providers can effectively advocate for their patient while at the same time being respectful of law enforcement and not hindering an

investigation. This may include a discussion with law enforcement to determine the best course of action.

c. Do not make cooperation with law enforcement a prerequisite for the CVC program

Additional Suggestions

a. Window of Opportunity: As with sexual assault survivors, Network for Victim Recovery of DC advocates should meet the victim in the hospital if possible to take advantage of the "Golden Hour."
b. Solicit or recruit close female and male acquaintances when possible.
c. Service provider Follow-Ups
d. It is recommended that PC partner with housing service provider to facilitate the offering of housing services to male trauma survivors

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Project CHANGE Description

Over the past two years, Project CHANGE (PC) has offered qualifying polyvictims in the Washington, DC metropolitan area wraparound, multi-disciplinary, and long-term case management and advocacy services from the point of their victimization through the end of their recovery or criminal justice process. PC not only enables the victims to receive case management and advocacy, but also allows the victim to receive long-term mental health care, free of charge, for the duration of their need. In the two years that PC has been providing direct services to polyvictims, over 250 victims of crime have been assessed positively for polyvictimization and approximately 75 of those victims have opted to receive wraparound services.

While PC has made radical changes to the continuum of services to crime victims in the District, the project's ability to serve men has been severely limited by the manner in which clients are referred to PC for services. Figure 1. illustrates the main network of service providers in relation to PC and illustrates how a patient currently matriculates through the program. The digits 1-4 across the top of the diagram represent the stages of matriculation or the depth of involvement that a potential program recipient may emerge themselves in relation to PC matriculation if they accept services. The blue circles represent the agency and organizational partners that drive PC. They include the Office of the Chief Medical Examiner (OCME), the District of Columbia Forensic Nurse Examiners (DCFNE), the Wendt Center for Loss and Healing (WENDT), the District of Columbia Metropolitan Police Department (MPD) and the Network for Victim Recovery of the District of Columbia (NVRDC).

[Figure 1. About here]

Stage 1 represents the initial point of contact as well as an initial point of entry being marked by the activation of first responders. Initial contact with PC begins at the scene of the incident where the violent injury took place. First responders including the MPD, a grief counselor from Wendt, and representatives from the OCME begin building rapport with the victim and their family. The Wendt grief counselor offers social and emotional support to the family of the victim. In some cases, when appropriate and depending on the circumstance, a victim and their family may be offered information about PC at the scene where the violent injury took place. In this instance, the Wendt counselor would inform the NVRDC of the families' interest in PC services. If a violent injury victim and their family do not get their first introduction to PC by the Wendt grief counselor at stage 1, the first official point of contact occurs at stage 2 with a FNE.

DCFNE provides a medical forensic exam to any patient who presents to a MedStar trauma unit for a traumatic violent injury that takes place within the District of Columbia. During the exam, the FNE determines whether the patient is a polyvictim. Upon completion of the exam and making the determination that the patient is indeed a poly-victim and a resident of the District of Columbia, the FNE offers up information about PC and asks the patient whether they would be interested in hearing more about the services PC had to offer. If a male patient refuses to meet with a NVRDC staff member to learn more about the program their contact with the program effectively ends represented by the red