



## Best Practices for **Training Frontline Violence Intervention Workers**

Programs that address violence, particularly those that work with male survivors of violence, are only as successful as the frontline staff who provide the direct services to communities in need.

As mentioned in our previous brief, *Supporting Frontline Intervention Workers*,<sup>1</sup>

*“Frontline Violence Intervention workers perform a wide range of functions including responding to the scene of violent incidents, responding to injured individuals at the hospital bedside, mediating high stress conflicts, case management, and mentoring. Performing these job functions can be extremely demanding and without adequate training support, the demands of the role can become overwhelming.”*

In that brief, we reviewed how to support these workers with staff wellness, supervision, training and professional development opportunities. In this brief, we will cover in more detail the type of training these workers need, and specifically the training required for certification by the Health Alliance for Violence Intervention (HAVI) as a Violence Prevention Professional.

### **RECOGNIZING VIOLENCE INTERVENTION AS A HEALTH PROFESSION**

Frontline violence intervention workers very often come from the same communities they serve. Many have faced and overcome the same types of challenges – violence, poverty, racism, and other traumas – as the population they serve. This type of real-life experience is incredibly valuable preparation for the job of a frontline violence intervention worker, but one’s life experience alone is not sufficient to prepare someone to work effectively in these types of programs. Sometimes, in fact, the lens of one’s own experience can blind other ways someone else might facing similar obstacles can overcome them differently than they did. Someone with life experience, passion, compassion, intelligence and raw skills can have great success in the field, but the most successful frontline violence intervention workers also build their professional skills through training, work experience and reflection.

Violence prevention and intervention is a professional career, with its own standards of practice and unique skills and competencies. In the last few years, it has become recognized as such within the health care field. The National Uniform Claim Committee (NUCC) is the body that produces the Health Care Provider Taxonomy that health care insurers use to define work and workers for whom claims are paid. Effective April 2016, after lobbying by the HAVI (then known as the National Network of Hospital-based Violence Intervention Programs), the National Uniform Claim Committee (NUCC), added Violence Prevention Professionals to their list of health professions.<sup>2</sup>

“ Frontline violence intervention workers very often come from the same communities they serve. Many have faced and overcome the same types of challenges – violence, poverty, racism, and other traumas – as the population they serve. ”

The NUCC defined Violence Prevention Professionals as a subset of Prevention Professionals in the following way:

*"Prevention Professionals work in programs aimed to address specific patient needs, such as suicide prevention, violence prevention, alcohol avoidance, drug avoidance, and tobacco prevention. The goal of the program is to reduce the risk of relapse, injury, or re-injury of the patient. Prevention Professionals work in a variety of settings and provide appropriate case management, mediation, referral, and mentorship services. Individuals complete prevention professionals training for the population of patients with whom they work." <sup>3</sup>*

### A Note about Terminology:

"Violence Prevention Professional" (VPP) is the formal term used by the National Uniform Claim Committee and by the HAVI as part of its national certification training. Additional terms for frontline workers providing direct service to clients include: intervention specialists, peer advocates, case managers, peer mentors, outreach workers, violence interrupters, interventionists and many more. In this brief, two terms – violence prevention professional and frontline violence intervention worker – are used interchangeably and the latter is sometimes shortened to "frontline violence worker".

## TRAINING TO CERTIFY VIOLENCE PREVENTION PROFESSIONALS

Many skills and topics for training can be beneficial for frontline violence workers. In order to determine which ones are the most essential core competencies for what are called Violence Prevention Professionals (VPPs) partners in the Healing Justice Alliance (Youth ALIVE!, the HAVI, Cure Violence, and Berkeley Media Studies Group) convened a Professional Certification working group of program managers, frontline workers and other experts to develop a core curriculum in March 2016.



Image from 2019 Healing Justice Alliance Conference.  
Photo courtesy of The Health Alliance for Violence Intervention



---

“ Since violence has been portrayed as a criminal justice problem for so long it is important that professionals have the language to explain this important pivot to violence as a health issue. ”

---

This group also included representatives from grantee sites of the Office for Victims of Crime's Supporting Male Survivors of Violence Initiative and from HAVI member hospital-based violence intervention programs. In addition, three partner organizations were brought in to consult on key topics: Urban Peace Institute, The Professional Community Intervention Institute and California Youth Outreach.

This working group had multiple goals in creating a national Violence Prevention Professional certification training:

1. Establish national standards of practice for what VPPs do
2. Ensure that VPPs in diverse programs across the country understand the core knowledge and skills to meet the national standards of practice
3. Create and implement a national certification program that states can use to advocate for reimbursement for the work of VPPs who might otherwise not have common credentials. The idea for a national certification program grew out of efforts in California to establish a statewide certification.

There, Youth ALIVE! created a 40-hour training that was implemented after they successfully lobbied for legislation in the state to reimburse certified "Violence Peer Counselors" through the State Victim Compensation fund.

Using Youth ALIVE!'s state-certified curriculum as a starting point, the working group identified the most important topics that VPPs need to know and planned a series of sessions to address these topics. Content experts in each area were asked to create and then edit each session. The training and materials were piloted twice with cohorts in different parts of the country and then updated based on feedback from trainers and participants. The final VPP certification curriculum is a 35-hour training for frontline violence intervention workers in hospital-based violence intervention programs (HVIPs), although it is largely applicable to workers in other programs addressing violence and/or supporting male survivors of violence. There are 14 sessions that combine didactic lessons with extensive group discussion and small group activities.

The topics cover several 5 broad areas:

1. Introduction to HVIPs and theory underlying the work of VPPs
2. Core expectations for VPPs: Standards of practice and self care
3. Core skills of VPPs: hospital visits, home visits, and case management
4. Administrative issues for VPPs
5. Context of various kinds of violence that clients experience



Image from 2019 Healing Justice Alliance Conference.  
Photo courtesy of The Health Alliance for Violence Intervention

“ The fact that many frontline violence intervention workers come to this work with personal lived experiences of trauma only makes this more important because supporting others through their suffering can remind us of our own. ”

## CONTENT OF THE VIOLENCE PREVENTION PROFESSIONAL CERTIFICATION TRAINING

### Introduction to HVIPs and theory underlying the work of Violence Prevention Professionals

The opening session of the VPP training covers violence as a public health issue versus a criminal justice issue and describes the core elements and history of the HVIP model. Part of the work of VPPs is to be able to explain how violence prevention and intervention programs are rightfully part of the healthcare system. Since violence has been portrayed as a criminal justice problem for so long it is important that professionals have the language to explain this important pivot to violence as a health issue. It is also helpful for individual VPPs to understand the context of the movement towards HVIPs. While every program is different (based on the needs of the community, the structure and support of the hospital, the resources of the program, etc.) there are common core elements and the history of the first two programs in the country influences them all.

### Core Competencies for Violence Prevention Professionals (VPPs)

- Understanding Violence as a Health Issue
- The Model and History of Hospital-based Violence Intervention
- Trauma-Informed Care and Trauma-Informed Practices
- Self-Care and Management of Vicarious Trauma and Secondary Traumatic Stress
- Professional Standards of Practice for Violence Prevention Professionals
- Hospital Bedside Visit Procedures
- De-escalation
- Retaliation Prevention
- Crisis Intervention
- Conflict Mediation
- Personal Safety on Hospital, Home and Community Visits
- Professional Boundaries
- Case Management and Advocacy
- Record-keeping, documentation, and maintaining files
- HIPAA (The Health Insurance Portability and Accountability Act of 1996) and Confidentiality
- Victim of Crime Compensation
- Gang and Group Violence Awareness
- Awareness and Screening for various other types of violence (domestic violence, abuse, sexual exploitation)



Image from 2018 Healing Justice Alliance Conference.  
Photo courtesy of Stephanie Mathena

---

“ It can be easy for clients to see these workers as friends, heroes, saviors, or romantic interests. It is essential that frontline violence workers learn how to maintain professional boundaries and clearly and kindly express those boundaries with all clients of the program. ”

---

One of the crucial core elements of all HVIPs is that they adopt “trauma informed and healing centered” care. Half of the first day of the training program is dedicated to an in depth presentation and discussion of these concepts. The concept underlying trauma-informed care is that the experience of trauma affects the brain in neurologically predictable ways.<sup>4</sup> What’s more, the majority of the clients served by these programs have experienced repeated and ongoing trauma in their lifetimes. When service providers utilize trauma-informed, healing-centered care, they move away from stigmatizing survivors for behaviors and responses that arise from their acute and chronic experiences of trauma and start to support survivors in the full spectrum of healing (mental, emotional, and social in addition to physical) that can help them not just survive, but actually thrive. A fully functioning program ensures that all its staff utilize trauma informed care and works to spread understanding and use of this framework among all providers in the hospital from whom clients receive care.

## **Core expectations for Violence Prevention Professionals: Standards of practice and self care**

As stated above, one of the goals of the national certification training was to establish standards of practice for what VPPs do. Part of the development of the curriculum included creating a set of “Standards of Practice for Violence Prevention Professionals.” These were based on a similar set of principles that Urban Peace Institute developed for gang intervention workers.<sup>5</sup> There are 13 standards that trainees must learn and commit to upholding in order to receive their national certification.

### **Standards of Practice for Violence Prevention Professionals**

1. Prioritize your own physical, emotional, and mental health first
2. Be trauma informed
3. Always better yourself through learning, listening, and education
4. Be aware of the mental health needs of your clients
5. Always promote peace
6. Honor your word
7. Work with people within their networks
8. Work in community
9. Always maintain respectful professional boundaries
10. Always present as a positive role model
11. Never engage in illegal activity
12. Never be under the influence of a controlled substance
13. Avoid negative conflict with law enforcement



Image from 2018 Healing Justice Alliance Conference.  
Photo courtesy of Stephanie Mathena



---

“ While clients access these programs through their experience of community violence, we know that clients experience multiple kinds of violence in their lives and that the dynamics of different kinds of violence vary. ”

---

The first of these standards is so crucial to this work that there is an additional session dedicated entirely to it: “Provider Wellness: Effective management of vicarious trauma”. The work of VPPs brings them into contact on a daily basis with people who have experienced acute and chronic trauma. As Rachel Naomi Remen states,

*The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”<sup>6</sup>*

If professionals are going to be able to sustain their work over time they have to develop intentional tools for caring for themselves. The fact that many frontline violence intervention workers come to this work with personal lived experiences of trauma only makes this more important because supporting others through their suffering can remind us of our own. Having a plan for dealing with short term triggers and long term wellness is essential for every VPP to be effective in their work and able to avoid burnout.

### **Core skills of Violence Prevention Professionals: hospital visits, home visits, and case management**

The core skills taught in the curriculum are all about direct patient contact. Frontline violence workers in HVIPs generally meet new patients in the hospital which is when they lay the foundation for the patient’s experience in the program. The hospital bedside visits are so important that the training dedicates three sessions and most of a day to various aspects of it.

**Part 1:** addresses preparation before the worker even enters the room and what the highest priorities are for the initial visit.

**Part 2:** delves into challenges survivors and their families experience in the hospital and how to work to de-escalate tense situations.

**Part 3:** covers what information to seek and what actions to take to assess and reduce the risk of retaliatory violence. This session also addresses the preparations workers should make with patients and their families before hospital discharge to increase safety and a successful transition back into their communities.

The next group of core skills covered in the curriculum turn to what is needed to safely and successfully make home or community visits with clients. There is a significant discussion of the need for safety protocols that workers must have in place before home visits and the many areas that these protocols need to cover. The second part of the home visit skills session covers professional boundaries. As mentioned earlier, many frontline workers come from the communities they serve and they all engage in building trusting and caring relationships with clients, some of whom they may already know or know of because of their community connections. It can be easy for clients to see these workers as friends, heroes, saviors, or romantic interests. It is essential that frontline violence workers learn how to maintain professional boundaries and clearly and kindly express those boundaries with all clients of the program.



Image from 2019 Healing Justice Alliance Conference.  
Photo courtesy of The Health Alliance for Violence Intervention

---

“ Frontline workers may come to training after negative or even traumatizing experiences in school. A positive learning environment does not remind them of those experiences or retraumatize them. ”

---

The final part of the core skills section addresses case management and advocacy. Programs vary in how long patients receive ongoing case management. In order to be a member of The HAVI, HVIPs must provide at least 6 months of support and services after hospital discharge. The training sessions on case management go into considerable detail on how to provide support over the course of a clients' involvement with the program and how the needs, goals, and referrals offered will be different for every client and will change over time for each client. The sessions also address the importance of having relationships with other service providers so that referrals are personal and supportive. Finally the sessions emphasize the skills that workers will need to advocate for their clients in different agencies and situations.

### Administrative issues

While the central work of VPPs is working with clients, there are also administrative tasks and issues that need to be understood. The training curriculum offers sessions on three main administrative topics that affect all VPPs: HIPAA, Record Keeping and Documentation, and Victim of Crime Compensation.

The Health Insurance Portability and Accountability Act (HIPAA) has many rules regulating how health care and health insurance are provided in the United States. The two rules that most directly affect violence intervention workers are the Privacy Rule and the Security Rule. The training covers the ways in which workers need to protect the privacy of clients and their health information in their day-to-day activities. It also addresses technology security and confidentiality. Frontline violence workers must maintain confidentiality while also understanding that, if they are categorized as “mandated reporters” by their position, there are limits to confidentiality; some information shared by clients related to harming themselves, others, children or elders, may be required by law to be reported. The following session on record keeping and documentation discusses how to take good case notes that meet standards for maintaining and protecting client information.

Finally, the training covers what workers need to know about Victims of Crime. While each state implements this fund uniquely, there are some common characteristics to the application process that are discussed. Because of structural and cultural disparities, many victims of crime do not receive the resources that should be available to them. This training session allows for discussion of how programs in different states experience and manage this potential resource for clients.



Image from 2019 Healing Justice Alliance Conference.  
Photo courtesy of The Health Alliance for Violence Intervention

## Context of various kinds of violence that clients experience

The concluding sessions of the VPP training address specific kinds of violence. While clients access these programs through their experience of community violence, we know that clients experience multiple kinds of violence in their lives and that the dynamics of different kinds of violence vary. This curriculum includes two sessions that highlight specific kinds of violence: gang/group violence, and intimate partner violence and human trafficking.

The gang and group violence session covers some general aspects of gang violence and then invites the host city to have experts share about the unique dynamics in their communities. The session on intimate partner violence and human trafficking is important because many clients have or will experience these kinds of violence or know people who have experienced them. The curriculum emphasizes that VPPs are not expected to be experts in these areas but should understand them enough to not aggravate them, and they should know their local advocates and when to make those referrals. What VPPs do need is the ability to support all clients in developing and maintaining healthy relationships with family and friends.

## AFTER THE VIOLENCE PREVENTION PROFESSIONAL CERTIFICATION TRAINING

Satisfactory completion of the VPP certification training confers a national certification. This certification is maintained through active participation in the field and completion of continuing education every two years.

While the topics described above comprise the knowledge and skills necessary to meet national certification standards as a Violence Prevention Professional, there are many other topics that can elevate the work and effectiveness of frontline violence intervention workers. The Professional Certification working group identified a number of additional topics as important for continuing education.

### Other Important Training Topics for Frontline Violence Intervention Workers

- Conflict Mediation and Violence Interruption
- Restorative Justice
- Mindfulness practices
- Connecting to health, government, school and community resources
- Social Services Integration
- Human trafficking & Commercial Sexual Exploitation of Minors
- U-Visas and working with undocumented clients
- Making "warm handoffs" to services
- Mandated Reporting
- Screening, Addressing and Managing Suicidal Clients
- Mental Health First Aid
- Mental Health Awareness and Diagnoses
- Substance use/abuse & Commonly used street drugs
- Intimate partner violence & sexual assault
- Motivational Interviewing
- Navigating the Criminal and Juvenile Justice system
- Working with Law Enforcement



Image from 2018 Healing Justice Alliance Conference.  
Photo courtesy of Stephanie Mathena



## TIPS FOR TRAINING FRONTLINE WORKERS

In the process of developing and piloting this Violence Prevention Professional curriculum, we gleaned a number of lessons not just about *what* to train workers on, but *how* to train them:

**Do not be overly didactic in training.** Frontline workers may come to training after negative or even traumatizing experiences in school. A positive learning environment does not remind them of those experiences or retraumatize them. De-emphasize testing for knowledge and emphasize helping them to uncover their own knowledge and apply the material to their lives. When there are tests to see what is retained, use it as an opportunity to review what was not retained and then offer multiple chances to retake the retention test.

**Relate the training material to their own work and life experiences.** Give trainees opportunities to discuss their interpretation of the material, and to independently reflect on it. The purpose of the training is how it is applied on the ground, so it is critical to make space for trainees to discuss cases they have actually worked on.

**Utilize examples and case studies frequently,** preferably based on real situations clients in similar programs have faced. This leads to the richest discussion and helps trainees integrate the theoretical material into how they would apply it.

**Recognize that not everyone has worked in an office before.** Some frontline workers have never written email professionally, or used Microsoft Word or Excel, or had to check voicemail regularly, or undergone an annual performance review. These soft skills and professional expectations are largely based in White culture and will

## Tips for Supporting Staff New to Working in a Professional Environment

*From Hugh Thompson, The Center for Nonviolence and Social Justice*

- Create and utilize a professional manual of organizational expectations. This should be somewhat detailed.
- In supervision, utilize positive language such as “areas for growth” and ask staff to create their own agenda for supervision that includes areas for growth.
- Have new employees do extensive shadowing of longer tenured staff.
- Have structured peer supervision.
- Have staff take both online & in person trainings that include role playing and practice scenarios.

take some time and patience for new professionals to learn. Computer skills assessment, in particular, is important so programs can offer appropriate training.

## CONCLUSION

Frontline violence intervention workers are at the heart of successful programs. They come to the work with an array of experiences, skills, expertise and motivation. Providing appropriate training builds upon these skills and recognizes their value as health care professionals. The Violence Prevention Professional Certification Curriculum is one example of the type of training that these workers need to be successful, but many training topics and concepts are shared in this brief that can be adapted for local need. Training violence intervention workers is an investment whose dividend is saved lives.



Image from 2018 Healing Justice Alliance Conference.  
Photo courtesy of Stephanie Mathena

## THANK YOU

A Special Thank You to All the Contributors to the Professional Certification Working Group and Violence Prevention Professional Curriculum:

<b>Adrian Sanchez</b>	HAVI
<b>Anne Marks</b>	Youth ALIVE!, Oakland
<b>Aquil Basheer</b>	Professional Community Intervention Training Institute, Los Angeles
<b>Carnell Cooper</b>	Baltimore Violence Intervention Program
<b>Chantelle Stokes</b>	Regional One Health, Memphis
<b>Curtis Santos</b>	Boston Violence Intervention and Advocacy Program
<b>DeAngelo Mack</b>	Public Health Advocates, Sacramento
<b>Eric Lam</b>	Urban Peace Institute, Los Angeles
<b>Fernando Rejon</b>	Urban Peace Institute, Los Angeles
<b>Francisco Gallardo</b>	GRASP, Denver
<b>Hugh Thompson</b>	The Center for Nonviolence and Social Justice, Philadelphia
<b>J.J. Current</b>	MedStar Washington Hospital Center, Washington
<b>Jacqui Highfield</b>	Redthread, London
<b>Jennifer Jackson-Harr</b>	Prescription for Hope, Indianapolis
<b>John Rich</b>	The Center for Nonviolence and Social Justice, Philadelphia
<b>John Torres</b>	Youth ALIVE!, Oakland
<b>Joseph Griffin</b>	Youth ALIVE!, Oakland
<b>Kyndra Simmons</b>	Youth ALIVE!, Oakland
<b>Linnea Ashley</b>	Youth ALIVE! / HAVI
<b>Lisa James</b>	Futures Without Violence, San Francisco
<b>Lori Toscano</b>	Cure Violence, Chicago
<b>Margie Batek</b>	St. Louis Children's Hospital
<b>Mariana Garrettson</b>	HAVI
<b>Michelle McDaniel</b>	Denver AIM Program
<b>Nicky MacCallum</b>	Youth ALIVE!, Oakland
<b>Ricardo Garcia-Acosta</b>	Youth ALIVE!, Oakland
<b>Terrell Henderson</b>	UCSF Wraparound Project, San Francisco
<b>Pastor Tony Ortiz</b>	California Youth Outreach, San Jose
<b>Vicki Pham</b>	Santa Clara Valley Medical Center, San Jose

## ABOUT THE SERIES

### The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the Health Alliance for Violence Intervention (HAVI) and Berkeley Media Studies Group. HJA has over combined 60 years of experience in training private and public sector agency leadership and staff members that are part of comprehensive, multi-system efforts that respond to crime victims and address violence as a health issue.

Based in Oakland, California, Youth ALIVE! works to help violently wounded people heal themselves and their community. Their overarching mission is to prevent violence and create young leaders through violence prevention, intervention and healing.

Cure Violence stops the spread of violence by using the methods and strategies associated with disease control – detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms. Cure Violence is guided by clear understandings that violence is a health issue.

To heal communities affected by violence, the Health Alliance for Violence Intervention (HAVI) fosters hospital and community collaborations to advance equitable, trauma-informed care for violence intervention and prevention programs. We envision a system of healthcare that mobilizes hospitals and communities to end violence, together.

Berkeley Media Studies Group (BMSG) helps community groups and public health professionals practice media advocacy and the strategic use of mass media to advance policies that improve health.

---

“ Frontline violence intervention workers are at the heart of successful programs. They come to the work with an array of experiences, skills, expertise and motivation. Providing appropriate training builds upon these skills and recognizes their value as health care professionals. ”

---

Ultimately, BMSG aims to help reshape how news, entertainment, and advertising present health and social issues.

The Supporting Male Survivors of Violence initiative In 2015, the Office for Victims of Crime (OVC) awarded the Healing Justice Alliance (HJA) 16 a grant to provide training and technical assistance (TTA) to FY 2015 Supporting Male Survivors of Violence grantees. A collaboration between OVC and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the grant initiative aims to help improve responses to male survivors of violence and their families. In 2013, OVC released its Vision 21: Transforming Victim Services Final Report. At the core of the report, OVC identified key priorities for providing services to victims of crime.

#### These priorities include:

- **The need to make services accessible for all victims in all communities.**
- **Development of expansive, flexible, and innovative service models.**
- **And a holistic approach to addressing the historical institutional, geographic, and cultural barriers.**

OVC recognizes that in order for crime victims to gain physical, emotional, and financial recovery from the effects of their victimization, there needs to be a significant shift in the way in which services are provided. This is particularly evident when looking at services available to young men of color who have experienced harm.

Twelve demonstration projects across the country – from Baltimore, Maryland to Santa Cruz, California – were selected to create and implement culturally relevant and trauma informed programs and interventions to engage male survivors of violence, specifically, young men of color (YMOC) and their families impacted by trauma and violence.

#### The overarching goals of the initiative include:

1. **Creating a multi-disciplinary network of partners to provide coordinated services and support for male survivors of violence and their families.**
2. **Conducting outreach and training to educate stakeholders on the adverse effects of trauma and violence; and, developing methods to overcome barriers that prevent male survivors of violence and their families from accessing services and support.**



1. Available at: <http://www.healingjusticealliance.org/trainings>
2. For more on this effort, refer to:  
Fischer, K. R., Cooper, C., Marks, A., & Slutkin, G. (2020). Prevention professional for violence intervention: a newly recognized health care provider for population health programs. *Journal of health care for the poor and underserved*, 31(1), 25-34.
3. Source: National Uniform Claim Committee, 2015
4. Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No.(SMA) 14-4884.
5. For more information, visit: <https://www.urbanpeaceinstitute.org/technical-assistance>
6. Remen, Rachel Naomi. *Kitchen Table Wisdom: Stories That Heal*. New York: Riverhead Books, 1996.



Image from 2018 Healing Justice Alliance Conference.  
Photo courtesy of Stephanie Mathena



## THANK YOU FOR READING!

For more information: [healingjusticealliance.org](http://healingjusticealliance.org) | @HJAlliance | [youthalive.org](http://youthalive.org) | [cureviolence.org](http://cureviolence.org) | [bmsg.org](http://bmsg.org) | [thehavi.org](http://thehavi.org)

Authors: Mariana Garrettson (The Health Alliance for Violence Intervention) and Anne Marks (Youth ALIVE!)

June 2020

healing JUSTICE  
ALLIANCE



THE  
HEALTH ALLIANCE  
for VIOLENCE  
INTERVENTION

This product was produced by the Healing Justice Alliance and was supported by grant number **2015-VF-GX-K025** awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.