

VIOLENCE INTERVENTION AND PREVENTION PROGRAM



HARBORVIEW MEDICAL CENTER
OCTOBER 2026

The development of a Violence Intervention & Prevention Program at Harborview Medical Center

Deepika Nehra, MD FACS

Associate Professor of Surgery

Medical Director, Violence Intervention & Prevention Program

Medical Director, Trauma Surgical Intensive Care Unit

Program Director, Surgical Critical Care Fellowship

Harborview Medical Center | University of Washington

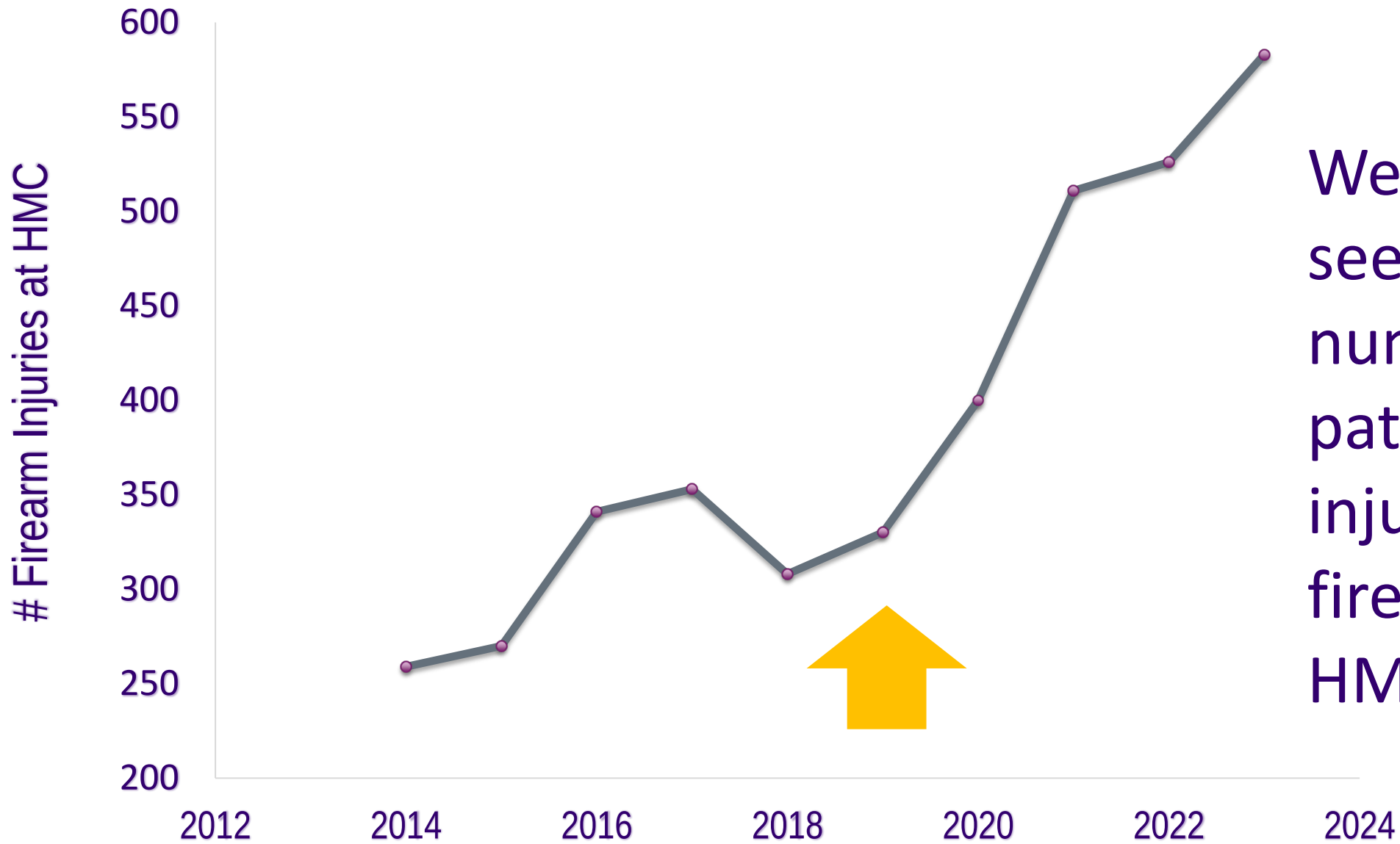
The plan:

1. Broad overview of gun violence statistics
2. Discuss the impetus behind the VIPP program
3. Team members to talk about the actual work

The goal:

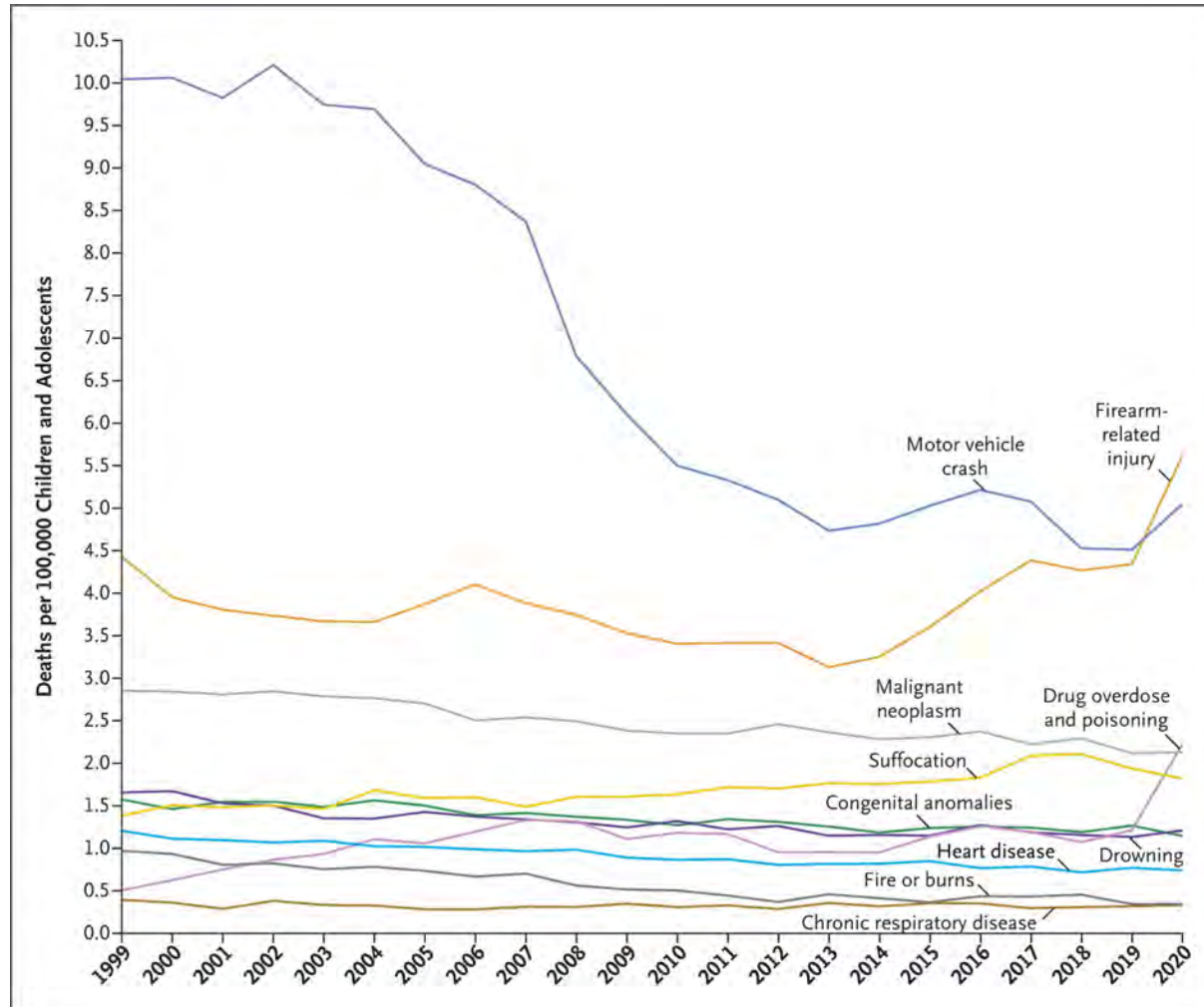
to leave better informed gun violence
and the VIPP scope of work

Every day, ~120 people in the United States are killed by guns, twice as many are shot survive their injuries, and countless other are impacted by gun violence.



We were seeing record numbers of patients injured by firearms at HMC

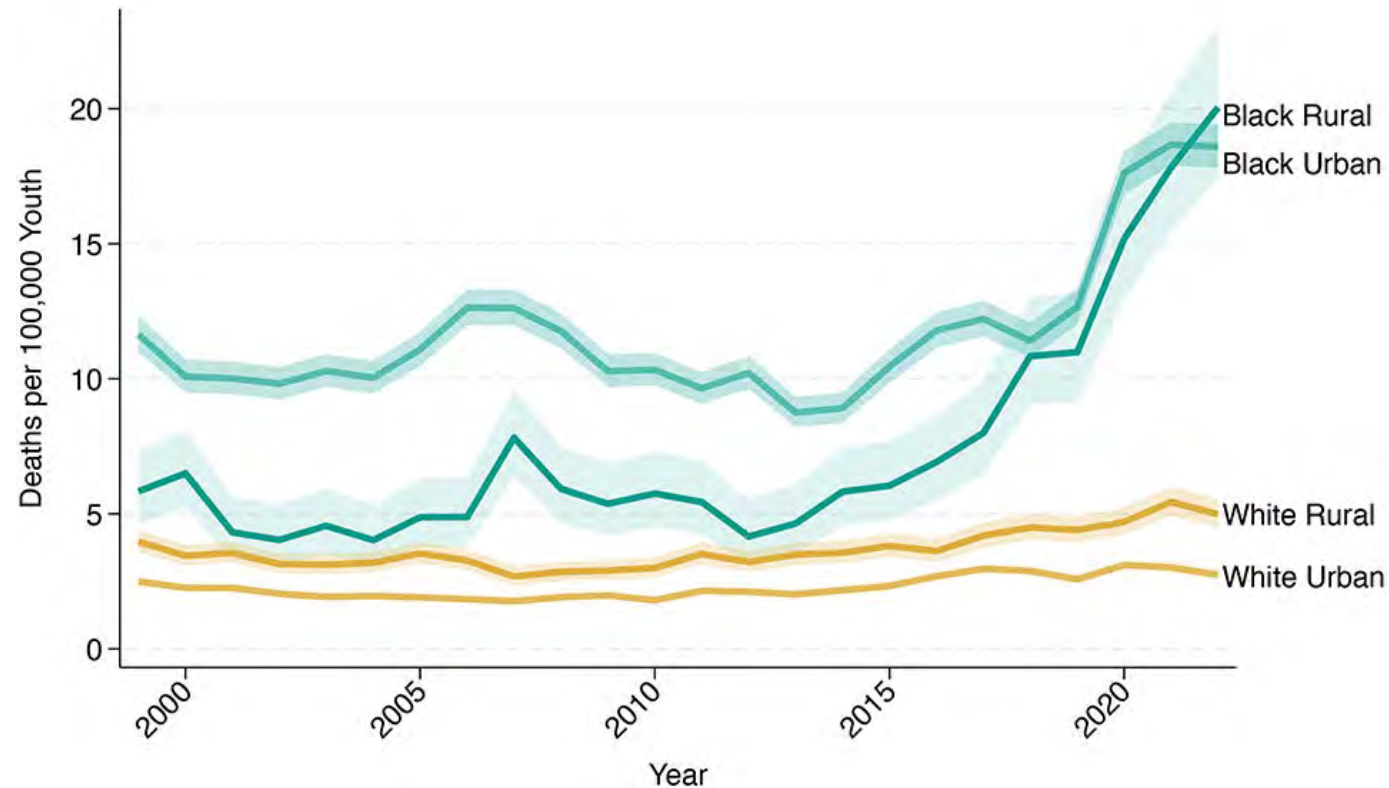
Firearms
became *the*
leading cause of
death amongst
children &
adolescents



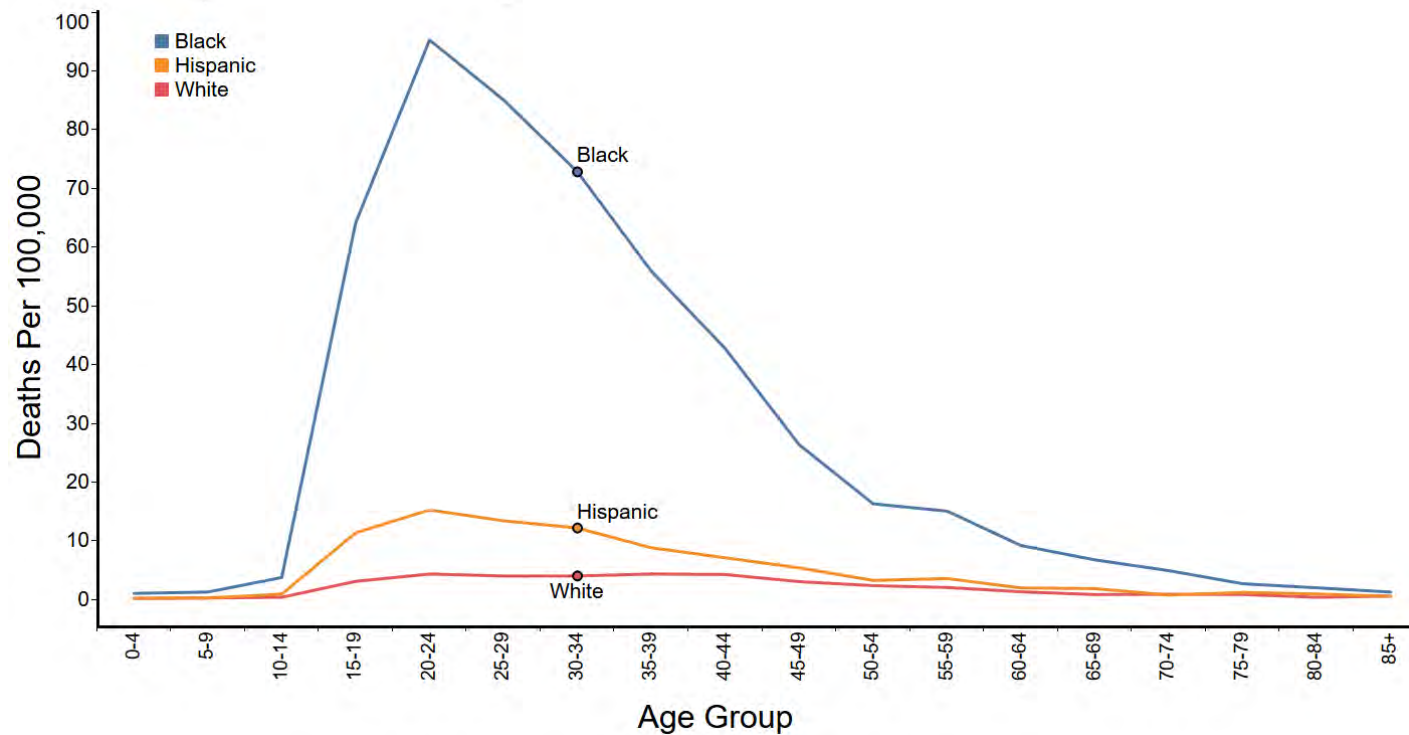
Something needed to happen . . .

Firearm deaths and injuries occur disproportionately in communities deeply impacted by historic disinvestment, poverty and lack of opportunity

Black youth are disproportionately impacted



Black individuals are disproportionately impacted across the age spectrum in each age category



10X

Non-Hispanic Black Americans are 10 times more likely to die by homicide than non-Hispanic White Americans

18X

Non-Hispanic Black experience 18 times more gun assault injuries than non-Hispanic White Americans

Social vulnerability index (SVI)

Socioeconomic Status	Below 150% Poverty
	Unemployed
	Housing Cost Burden
	No High School Diploma
	No Health Insurance
Household Characteristics	Aged 65 & Older
	Aged 17 & Younger
	Civilian with a Disability
	Single-Parent Households
	English Language Proficiency
Racial & Ethnic Minority Status	Hispanic or Latino (of any race)
	Black or African American, Not Hispanic or Latino
	Asian, Not Hispanic or Latino
	American Indian or Alaska Native, Not Hispanic or Latino
	Native Hawaiian or Pacific Islander, Not Hispanic or Latino
	Two or More Races, Not Hispanic or Latino
Housing Type & Transportation	Other Races, Not Hispanic or Latino
	Multi-Unit Structures
	Mobile Homes
	Crowding
	No Vehicle
	Group Quarters

Youth who live and grow up in socially vulnerable communities are 11x more likely to die of firearm related violence

Composite SVI	Frequency	Population aged 10-19 y	Death rate per 100 000 person-years	Mortality rate ratio (95% CI)
Low (<25th percentile)	309	10 639 381	1.2	1 [Reference]
Moderate (25th-50th percentile)	633	10 083 275	2.5	2.16 (1.88-2.48)
High (51st-75th percentile)	1306	10 078 635	5.2	4.46 (3.94-5.07)
Very high (>75th percentile)	3565	10 738 942	13.3	11.43 (10.17-12.88)

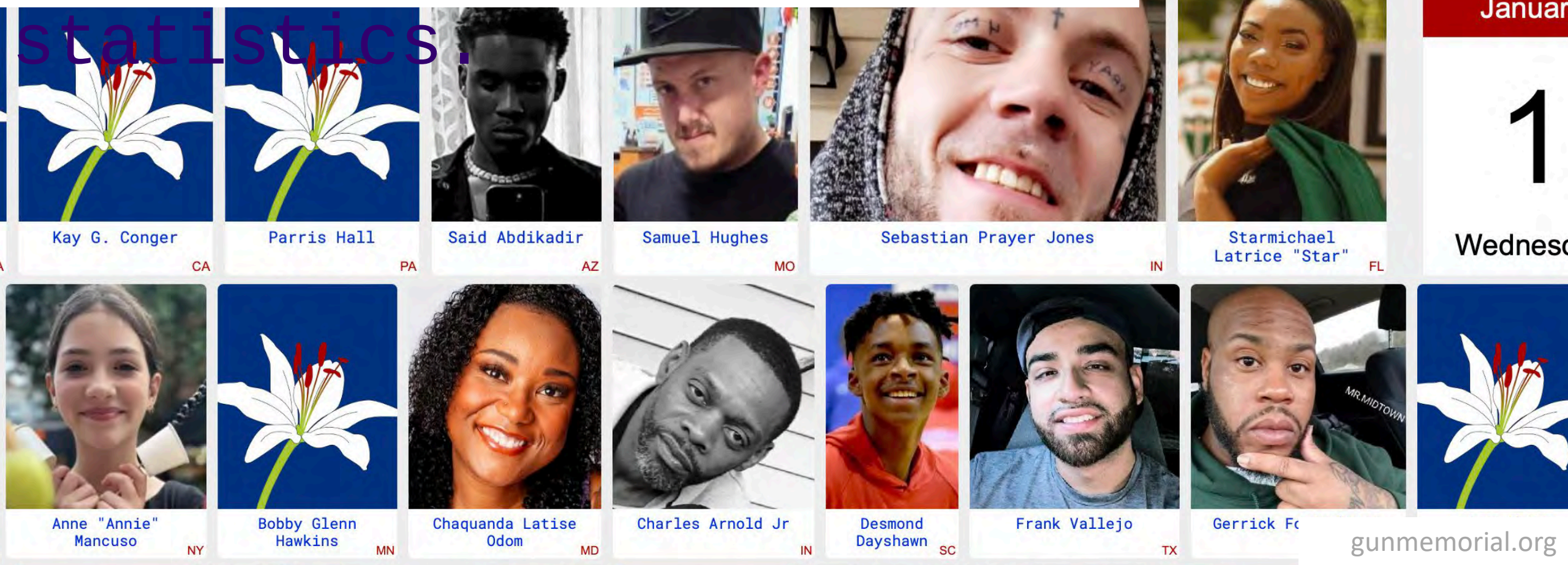
Community violence being concentrated in marginalized communities perpetuates existing patterns of racial and ethnic disparity.

People don't choose violence.
People resort to violence when they don't have
other options.

Real people, not just statistics.



Real people, not just statistics.



ynn
TX

Jeffrey Hatcher
MO

Jeffrey Hughes
MO

January
1
Wednesday

Kay G. Conger
CA

Parris Hall
PA

Said Abdikadir
AZ

Samuel Hughes
MO

Sebastian Prayer Jones
IN

Starmichael Latrice "Star"
FL

Anne "Annie" Mancuso
NY

Bobby Glenn Hawkins
MN

Chaquanda Latise Odom
MD

Charles Arnold Jr
IN

Desmond Dayshawn
SC

Frank Vallejo
TX

Gerrick Fc

Community trauma is not only the sum of the hurt and suffering of individuals who have had traumatizing experiences. It is also the collective trauma experienced in communities with elevated levels of violence.

Trauma-altered identity

Prolonged exposure to gun violence, combined with community-level conditions like systemic racism, can fundamentally change the way a person sees society and themselves.

People can find themselves trapped in the assumptions and biases of others.

These biases can prevent them from charting a healthy life course.

1. Firearm legislation/policy.
2. Deep long-term investment in marginalized communities.
3. Changing the narrative for survivors of firearm injuries.

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2. Deep long-term investment in marginalized communities.
3. Changing the narrative for survivors of firearm injuries.

What is the narrative for patients who survive a firearm-related injury?

Physical challenges.
Mental health challenges.
Exacerbated social determinants of health.
Fear. Hopelessness.
Difficulty reintegrating into society.
Poor quality of life.

What is the narrative for patients who survive a firearm-related injury?

Physical challenges.

Mental health challenges.

Exacerbated social determinants of health.

Fear. Hopelessness.

Difficulty reintegrating into society.

Poor quality of life.

21.2X

more likely to be
re-hospitalized for
firearm-related injury

4.3X

more likely to die
of a firearm-
related injury

2.7X

more likely to be
arrested for
firearm-related or
violent crime

What is a hospital-based violence intervention and prevention program



Taking a holistic approach to healing from an injury and helping survivors find a path that allows them to thrive and live a healthy life

We started with funding for one
person for one year in 2021





instead of:
“what is wrong with you?”

we ask:
“what happened to you?”

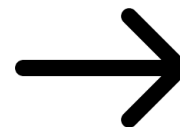


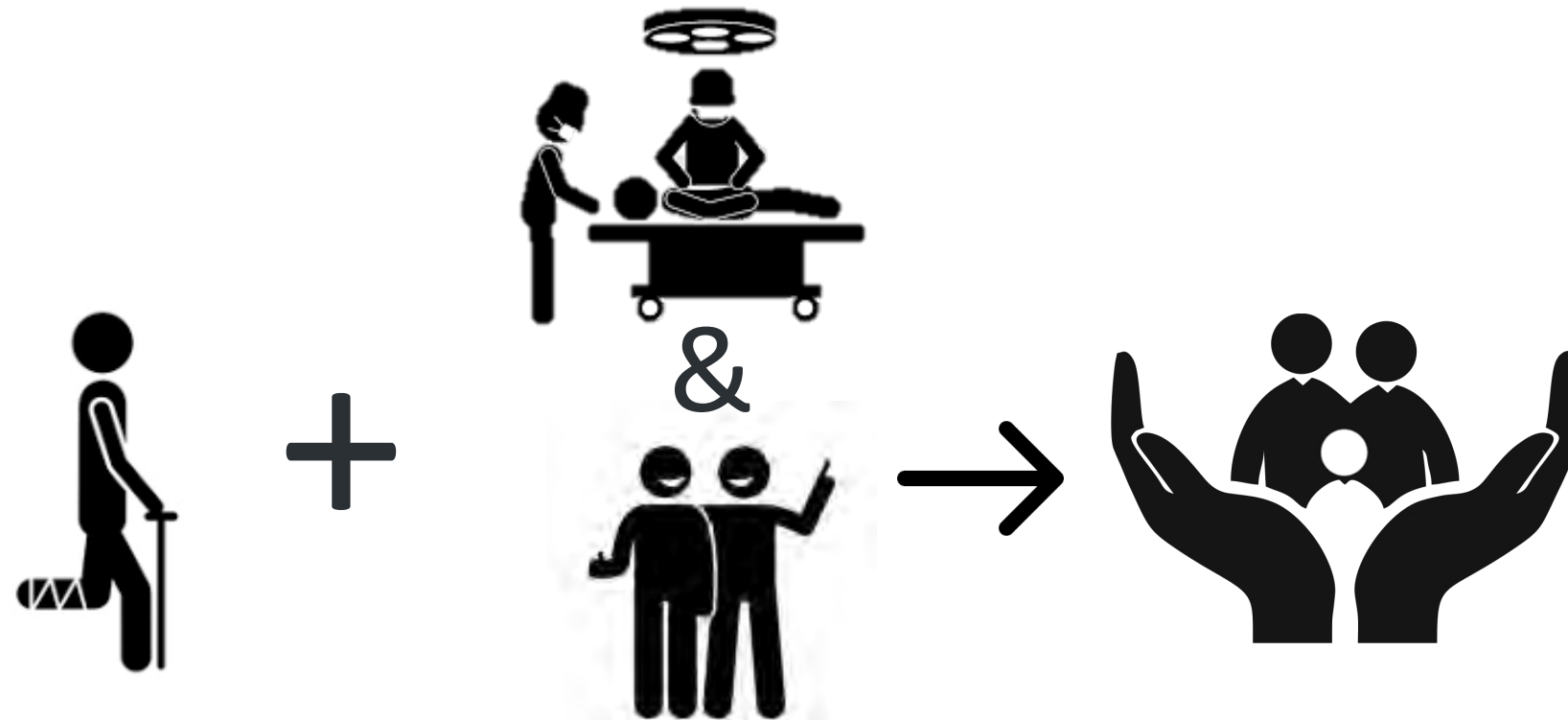
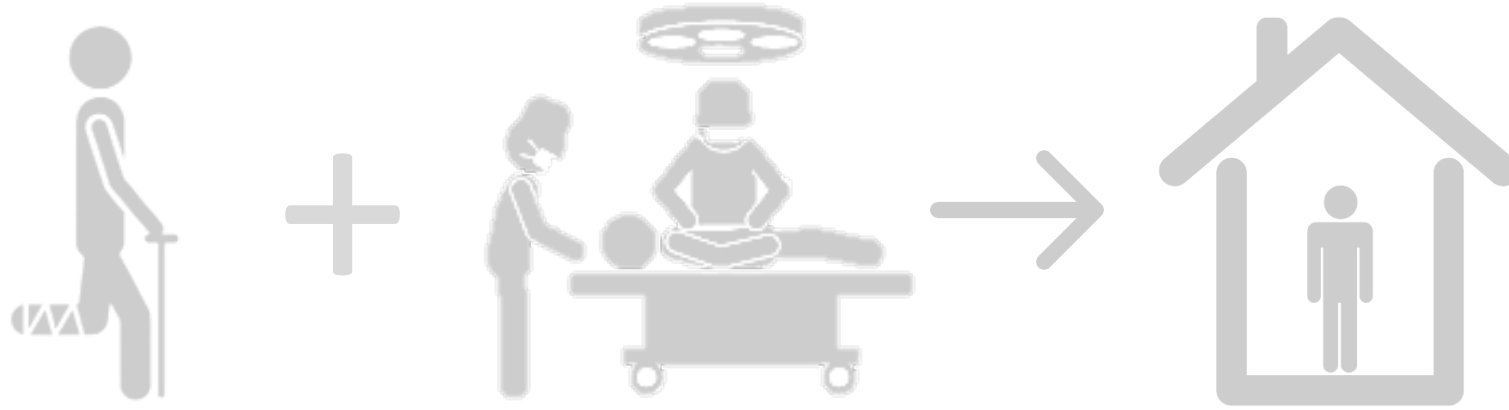
Office of Firearm Safety and Violence Prevention (OFSVP)

[Community Safety](#) > Office of Firearm Safety and Violence Prevention (OFSVP)

In 2022 we were awarded 1.1 million to expand and build the violence intervention and prevention program at HMC which is the first program in the state.







Harborview's Violence Intervention & Prevention Program is dedicated to bridging gaps between healthcare and existing community resources through committed engagement to promote health for patients and their supporters impacted by gunshot wound injuries & gun violence.

• Support

- Gift Cards based on SDOH needs
- Program Folders
- Parking passes & Meal vouchers
- Tracfone
- Self Care: journals, headphones, meditation, etc.
- Go Bags: clothing, shoes, hygiene supplies, snacks
- Crime Victims Compensation
- Bereavement calls
- Trauma Therapy
- Engagement Group



Quick Numbers

- Past 18 months, engaged with over 540 patients
- Average length of services
 - 3-6 months
- Average Age Range
 - 28-31
- Top 3 Counties Served
 - King, Pierce, and Yakima
- King County Residents
 - ~65%
- ED Discharges
 - ~33%
- 92% Program Engagement Rate
 - Main reason is due to incorrect or no contact information post ED d/c

Violence Intervention Panel

LAURA JOHNSON | MSW, LICSW, MHP

FORMER EMERGENCY DEPARTMENT SOCIAL WORK SUPERVISOR

PAUL CARTER III & TARRELL HARRISON JR.

VIOLENCE INTERVENTION SPECIALISTS

BELÉN SANCHEZ | M.S.

SOCIAL WORK ASSISTANT

JANITSA DOLAN | MSW, LICSW

CLINICAL SOCIAL WORKER

(presented by Dra Thompson | MSW, LICSW)

DRA THOMPSON | MSW, LICSW

CLINICAL SOCIAL WORKER

SARA MILLER | MSW, LICSW

TRAUMA THERAPIST

DEEPIKA NEHRA | MD

TRAUMA SURGEON & VIPP MEDICAL DIRECTOR

LAURA JOHNSON, MSW, LICSW, MHP

FORMER EMERGENCY DEPARTMENT SOCIAL WORK SUPERVISOR

Identification: Work to identify patient as soon they arrive.

Locating and supporting LNOK/Family: Identifying LNOK, providing medical updates and next steps, HMC visitor policy, bereavement/grief support, liaison between medical teams and family/visitors both in the ED and other locations such as OR.

Crisis Intervention: Providing support to the patient and visitors as they process the event and potential long-term injuries from the event while in the ED.

Crowd Support: Working with community partners to provide support to crowds who come to the hospital for a patient who has been injured from a firearm. Identifies LNOK with help of crowd for receiving medical updates.

Resources: Providing information on Crime Victims Compensation, connect to Financial Counseling as needed, help with logistics such as parking/food/clothing. Can help with resources not related to GSW, such as struggles with substance use, being unhoused, domestic violence/intimate partner violence, and animals/pets either in the ED with pt or left at home alone.

Tailored Response: Support and coordination for patients of all age ranges from babies to older adults. Support for injuries from an accident, assault, or self-inflicted. Using cultural humility for each patient and their family.

Law Enforcement coordination: Providing advocacy for patients and visitors when law enforcement is involved, clarifying status as it relates to a patient being in custody, and assisting patients when they want to make a report while they are in the ED.

ED SOCIAL WORK

- We are a team of 30 master level social workers.
- We cover the ED **24/7 365 days.**
- Provide brief interventions for all needs that arise in the ED. Including but not limited too traumatic injuries, death, substance use, mental health, DV/IPV, assault support, CPS/APS coordination, and resource connections.

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PAUL CARTER III & TARRELL HARRISON JR. VIOLENCE INTERVENTION SPECIALISTS

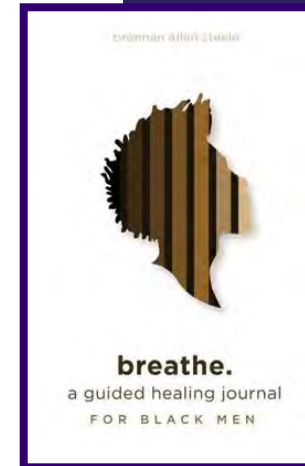
Patient Support

Connect with patients and their supporters after being shot to support their recovery and foster collaboration between patients and providers while providing peer support to hospitalized patients as they navigate new challenges.

Discharge and Transition

Work with primary team to plan patient discharges and create personalized transition plans and ensure patients are assessed for risks and receive safety planning and trauma follow-up care with King County and Washington state agencies. Ongoing support via engagement groups.

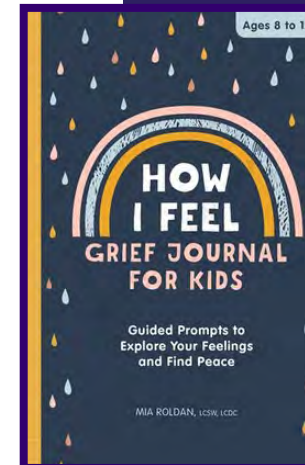
POPULAR GUIDED JOURNALS



[breathe.: a guided healing journal for black men](#)

breathe. serves to provide space for healing and to promote a journey to wholeness for black men.

GRIEF GUIDED JOURNALS



[How I Feel: Grief Journal for Kids](#)

This guided journal has prompts and exercises that encourage kids to explore their emotions, find comfort and peace.

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BELÉN SÁNCHEZ

SOCIAL WORK ASSISTANT

Navigates patients and families through process and assist with applications for various benefits and resources throughout Washington state.

- Crime Victims Compensation benefits.
- Department of Health and Social Services applications for food and cash benefits.
- Medicaid transportation scheduling / Lyft ride coordination.
- Social Security Disability Applications for those unable to work 12 months or longer.
- Resource development to aide VIPP Social Workers and connect patients to appropriate resources.

MEDICAL BENEFITS PAID:

\$3,442,805.82

WAGE LOSS BENEFITS PAID:

\$1,124,859.87

FUNERAL BENEFITS PAID:

\$197,414.70

TOTAL PAID: \$4,765,080.39

CRIME VICTIM'S COMPENSATION

*These figures are based on 371 out of 542 patients with dates of injury ranging from 8/28/2021 – 9/29/2026 being tracked by Belen. Many claims are still going through the billing process yet to be calculated.

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JANITSA Z. DOLAN, MSW, LICSW

CLINICAL SOCIAL WORKER

Support and Advocacy for Patient and Families

- Medical advocacy and case management
- Brief emotional support for traumatic stress
- Address immediate safety concerns
- Empower patient's to self-manage their care
- Education on community services and resources for Social Drivers of Health (SDoH) Needs
- Fiscal Support through Small Bill Pay and Gift Cards
- Connection with Community-based Organizations (CBOs) for longer-term support and community connection

And will assist with referrals for:

- Trauma-focused therapy
- Crime Victims Compensation (CVC)
- Legal Advocacy
- Substance use
- SDoH: Housing, Utilities, Transportation, Food access, Clothing, and Safety

What does this look like?

- Initial assessments to determine safety, mental health, and social drivers of health needs post-discharge
 - In clinic
 - Via phone
- Discussion of resources that address needs and completion of ROIs to submit referrals
- Utilizing Motivational Interviewing skills to validate and acknowledge what is most important to the patient/family

DRA THOMPSON, MSW, LICSW

CLINICAL SOCIAL WORKER

King County Restoration Program

- Intensive case management program for youth and young adults ages 12–27
- Participants must be King County residents and agree to participate in the program
- Weekly engagement with Pt's/family from time of discharge up to 90 days
- Engagement can be in-person (at scheduled HMC appointments), via telephone, text message or email

Support Given to Patient and Families

- Medical case management and health advocacy
- Provide education about trauma responses and brief emotional support
- Address immediate safety concerns
- Empower patient's to self-manage their care
- Referrals to CBOs for long-term support and community connection
- Collaborate with involved agencies for more robust wrap around support

Inpatient Social Work

- Completed SDOH assessment for patients with longer hospitalizations
- Participate in interdisciplinary rounds
- Assist primary team with discharge planning resources as needed

ENGAGEMENT GOALS

- Reduce negative health outcomes due to poor medical follow-up
- Help build patient's confidence in their physical recovery
- Assist in strengthening natural supports and the development of community
- Support the patient in making strides towards their vocational goals
- Provide tangible resources that address psychosocial needs

SARA MILLER, MSW, LICSW

TRAUMA THERAPIST

In January 2026, Sara Miller joined the **VIPP** team, which has improved and expanded trauma therapy services for survivors of gun violence, particularly those treated at Harborview Medical Center.

What does our Trauma Therapist do?

- **Tailored Services:** Customizing support to meet the unique needs of everyone, which may include brief therapeutic intervention, advocacy, crisis intervention, and full trauma therapy.
- **Trauma-Focused Therapy:** Offering a full course of trauma-focused therapy to address PTSD symptoms when needed. Usually 8-20 sessions.
- **Brief Intervention:** A brief course of therapy to offer post-traumatic stress support, grief/bereavement support, skill building, or solution-focused engagement. Usually 3-7 sessions.
- **Flexible and Accessible:** All services are provided free of charge and can be delivered in the office or via telemedicine.

The VIPP Trauma Therapist can see patients residing **anywhere in Washington State.**

Referrals for therapy are made by **members of the VIPP team** who identify patients that would benefit from the service.

Modalities include **evidence based interventions** such as CETA and CBT.

DEEPIKA NEHRA, MD, FACS

TRAUMA SURGEON & VIPP MEDICAL DIRECTOR

Where do YOU go from here?



QUESTIONS?



Copy of Presentation & Materials



How To Contact Us



HMC Violence Intervention and Prevention Program ⓘ

HMC VIPP Office Hours are M-F 8:00am-5:00pm.

Number of Members: 8