

Dusk to Dawn

D2D

Charity Evans, MD, MHCM

Associate Professor

University of Nebraska Medical Center

charity.evans@unmc.edu

Jenny Burt, PhD, LP

Assistant Professor

Munroe-Meyer Institute

University of Nebraska Medical Center

jburt@unmc.edu

Ashley Farrens, MSN, MBA, RN

Violence Prevention Coordinator

Nebraska Medicine

afarrens@nebraskamed.com

Youth Violence Prevention Program

Preventing Youth Violence

Promote family environments that support healthy development	<ul style="list-style-type: none"> • Early childhood home visitation • Parenting skill and family relationship programs
Provide quality education early in life	<ul style="list-style-type: none"> • Preschool enrichment with family engagement
Strengthen youth's skills	<ul style="list-style-type: none"> • Universal school-based programs
Connect youth to caring adults and activities	<ul style="list-style-type: none"> • Mentoring programs • After-school programs
Create protective community environments	<ul style="list-style-type: none"> • Modify the physical and social environment • Reduce exposure to community-level risks • Street outreach and community norm change
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none"> • Treatment to lessen the harms of violence exposures • Treatment to prevent problem behavior and further involvement in violence • Hospital-community partnerships

<https://www.cdc.gov/violenceprevention/youthviolence/prevention.html>

Phases of implementing a violence prevention plan:

- **Planning** — assessing needs, resources, and capacity, and creating a comprehensive plan
- **Partnerships** — identifying and engaging stakeholders (Omaha Police Department, Boys and Girls Club of the Midlands, You Turn)
- **Policy Efforts** — identifying potential roles for public health in the policy process
- **Strategies and Approaches** — choosing strategies and approaches that are likely to prevent violence
 - **Recommend a local story**, involving the family of a victim of violence
 - **Build curriculum around youth's needs**: Phoenix Curriculum at <http://www.phoenixcurriculum.com/> and "Conflict Resolution From the Inside Out: Helping Teens Manage Conflict in the Real World" by Rebecca Carman. 2007; The Bureau for At-Risk Youth.
- **Adaptation** — changing approaches to fit needs while still producing intended outcomes
- **Implementation** — putting your plan into action
- **Evaluation** — tracking and measuring outcomes

<https://www.cdc.gov/violenceprevention/pub/technical-packages-best-practices.html>

<https://www.cdc.gov/violenceprevention/pub/technical-packages-best-practices.html>

<https://www.cradletograveprogram.com/>

<https://www.nebraskamed.com/about-us/dusk-to-dawn>

Hospital Based Violence Intervention Program

Many trauma centers have created hospital-based violent injury prevention programs (HVIP) to address psychosocial, educational, and mental health needs of injured patients that may contribute to reinjury.

Successful HVIP initiation requires both sequential and continuous components. The sequential component outlines steps to program implementation, and the continuous component represents relationships that need to be built and maintained for successful implementation. Actual timeline is highly variable by program; shown is a rough estimate based on a two year implementation plan.

Sequential component:



Continuous component:



<http://bulletin.facs.org/2017/10/violence-intervention-programs-a-primer-for-developing-a-comprehensive-program-for-trauma-centers/>

<https://www.facs.org/quality-programs/trauma/advocacy/ipc/firearm-injury/hvip-primer>

<http://nnhvip.org/>

<https://violenceprevention.surgery.ucsf.edu/>

<https://www.umms.org/ummc/community-health/classes-and-programs/health-improvement/violence-intervention-program>

Youth- Family Intervention Program: Strengthening Families Program for Parents and Youth 10-14

PROGRAM COMPONENTS & GOALS:

SFP 10-14 consists of seven highly interactive, video-based sessions conducted over seven consecutive weeks. During the first half of each session, parents and youth meet separately, but work on similar skills. During the second hour, the youth and parents participate together as families to practice skills, play games, and do family projects. The program focuses on setting appropriate limits, using consequences, protecting against substance abuse, handling peer pressure, reaching out for help, understanding family values, and building family communication. The youth sessions also include topics such as identifying positive goals for the future, appreciating parents, managing stress, following rules, and resisting peer pressure.

The primary goals of the program are to:

- Build life skills in youth, including stress management, conflict resolution, and communication skills

- Enhance parenting skills and promote effective parenting styles
- Strengthen family bonds, promote positive communication, and enhance the ability to solve problems together

SFP 10-14 is designed to impact the following short-term outcomes:

- Improved parenting behaviors, such as verbalization of rules and consequences, emotional control, better communication, more positive discipline, and increased involvement with their child
- Increased decision-making and life skills in youth, including stress management, goal setting, peer pressure resistance, and empathy
- Strengthened family bonds, including enhanced communication, more positive and supportive interactions, and the ability to jointly solve problems

SFP 10-14 has been shown to impact the following long-term outcomes:

- Youth participants showed lower rates of initiation and lifetime substance use for alcohol, tobacco, marijuana, prescription narcotics, and methamphetamines
- Increased parenting competency and reduced substance-use related risk were associated with positive effects on school engagement and academic performance
- Youth participants exhibited fewer aggressive, hostile, and destructive behaviors
- Female participants developed fewer symptoms of depression and anxiety SFP 10-14 research has demonstrated positive and enduring impacts through young adulthood (age 21) for program participants.

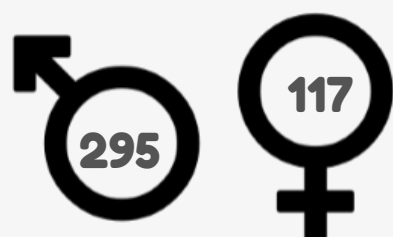
Program benefits

- Research indicates **a return of \$9.60 for every dollar spent** implementing the Strengthening Families Program: For Parents and Youth 10-14.
- Schools are better places to learn, employers have less distracted employees, substance abuse treatment needs are reduced, and people have less involvement with law enforcement.

For more information on SFP 10-14 program and training: <https://www.extension.iastate.edu/sfp10-14/>

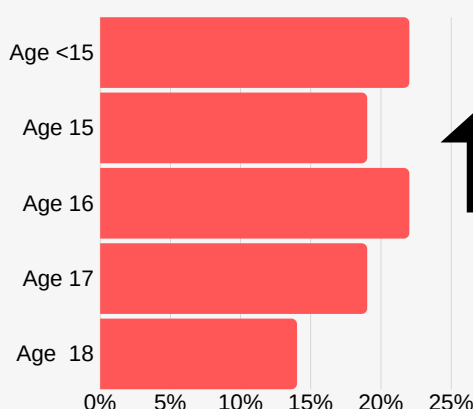
Dusk to Dawn

D2D



RACE/ETHNICITY

52% AFRICAN AMERICAN
28% LATINO/HISPANIC
8% WHITE/CAUCASIAN
10% OTHER



LIVING SITUATION

78% PARENTS
6% GRANDPARENTS
4% FOSTER HOME
12% OTHER

57% RECEIVE REDUCED OR FREE LUNCH



18%
Previous Injury from
Violence

57%
Lost
Friend/Family
to Violence

20%
Admit to being
Gang Member

56%
Hang around
Gang Members

40%
Admit to using
Marijuana

27%
Admit to
drinking Alcohol

24% Admit to carrying a gun or knife

WHEN ASKED, YOUTH AGREED:

"My family expects me
to hit back in a fight"

"You will lose respect
if you don't fight
back"

"You can talk your
way out of a fight"

53%

34%

20%

45%

22%

24%

PRE-TEST

POST-TEST

Feel confident using:

31% STOP, THINK, ACT
29% AVOID, ESCAPE, REFUSE



HOW COULD DUSK TO DAWN HELP YOU NOW
THAT CLASS IS DONE?

27% Time to
Talk

9% Help with
drugs and
alcohol

13% Find a safe
place to be

12% Help find a
counselor

5% Help get
out of gang