



Toolkit for Dusk to Dawn: Hospital-Based Youth Violence Prevention Program

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill.

ABOUT THE TOOLKIT

This toolkit is a guide to develop a hospital-based youth violence prevention program. It is meant to provide information about youth violence, identify strategies for altering youth attitudes towards the use of violence, partnering with community-based organizations and overcoming barriers to launching a new violence prevention program. Contact: D2D@nebraskamed.com

Toolkit for Dusk to Dawn: Hospital-Based Youth Violence Prevention Program

Violence is a serious public health problem in the United States with over 2 million injuries annually requiring medical attention leading to nearly 50,000 deaths. Omaha ranked the 25th best place to live and most affordable cities by U.S. News in 2017. Hidden within our Midwest values and small town feel is the wicked problem of interpersonal violence. 2016 FBI records indicate that the aggravated assault rate in Omaha increased from 2009 to 2015. Between 2002 and 2012, the homicide rate in Omaha increased from 6.6 to 9.8 per 100,000. In 2015, the number of homicides increased by 64% from 32 to 50, which is the highest number of homicides Omaha had experienced since the 1960s. With increased preventative efforts since 2015, Omaha has seen a decrease in its rate of homicides.

In 2019, Nebraska Medicine (NM) treated 286 patients with gunshot wounds, stab wounds and assaults. 38% of those injured were between the ages of 13 and 28, and 78% were male. 83% of injuries occurred in North or South Omaha, where up to half of the population is African American and unemployment rates range between 20-30%. There are an estimated 80 gang cliques in Omaha with over 2600 members. Omaha endured 22 homicides in 2018 and 23 homicides in 2019. Further, rates of violent injury in Omaha are increasing for youth. NM treated 28 youth under 19 years old in 2019 as a victim of violence, 23 in 2018, and 13 in 2017. We are seeing more youth affected physically by violence every year. Nebraska, the “Good Life State”, does offer the good life for some but not for all. While the violence may be more prominent in North and South Omaha, this is a whole community issue.

The hospital as an anchoring institution in reducing community violence

A hospital is an anchor in a community, providing both healthcare and education for the community it serves. Hospitals also serve as an entry point for victims of violence after injury. Trauma programs have a unique opportunity to capitalize on the “teachable moment” – the period of time after an injury where a victim of violence is most likely to be open to intervention. In 2017, NM and UNMC collaborated with the Omaha Police Department Gang Unit, YouTurn, and the Boys and Girls Club of the Midlands to create a hospital-based youth violence prevention program called Dusk to Dawn (D2D). The program targets youth ages 12-18 and takes them through the life of a young Omaha man who lost his life at the age of 20 due to violence. The 2.5-hour program focuses on skills to identify dreams, values, and goals, recognize feelings, actions, and consequences, teach conflict resolution, and to define protective and risk factors. Referrals for D2D come from more than 15 community youth organizations, and have expanded the program from the hospital to youth at highest risk currently detained at Douglas County Youth Correction (DCYC) and Omaha Public Schools.

1993:
CDC proclaims violence as public health issue in the U.S.

**100 AMERICANS
ARE KILLED WITH GUNS
EVERY DAY**

1996:
World Health Assembly announced violence as a leading worldwide public health problem



2007:
CDC publishes a study that estimates the medical and productivity-related costs of violence in the U.S. exceed \$70 billion each year

Planning

As a trauma program, healthcare providers find themselves working downstream of violent acts, caring for victims after they have been badly injured and attempt to heal their wounds. It is common that victims of violence are later discharged from the hospital to the same communities where the violent act occurred. As medical providers who vowed to “Do No Harm”, we felt we needed to move upstream to have a significant impact on the outcomes of violence. In 2014, Dr. Charity Evans received an internal grant to create a hospital-based youth violence prevention program. Dusk to Dawn (D2D) was modeled after a similar program called Cradle to Grave at Temple University. We started with a needs assessment and 5-year chart review, which revealed the average age of victims of violence in Omaha was 22-28 years old. This data helped us understand that educating youth needed to start at a younger age. We chose 12-18 years of age in hopes of catching them before they became the perpetrator or victim. Nationally, this age would be younger, but we built a program that fit the needs of our community.

The “scared straight” approach of violence education has been proven ineffective, which is why we focus on the “teachable moment” of relating a real story that happened in Omaha. With permission of his mother, we use the story of Roberto Gonzalez. He was born and raised in Omaha, and died at the age of 20 in Omaha over \$30 of marijuana. Roberto’s story is not unique, but a story that we hear too often when calling time of death of these young patients in the trauma bay. With the collaboration of the Omaha police department, Boys and Girls club of the Midlands, YouTurn, and the University of Nebraska Medical Center/ Nebraska Medicine hospital, Dusk to Dawn was created and initiated in April 2017.

D2D is held once a month at the hospital. Referrals for youth to attend are received from a large number of community-based organizations, including the Boys and Girls Clubs of the Midlands, Girls Inc., Boystown Nebraska, Latino Center of the Midlands, local churches, Omaha Public Schools, Douglas County Juvenile Court, and Omaha Police Department. Parents can also refer their child through the Dusk to Dawn website. A parental consent is required to attend.

During the hospital-based classes, youth are brought into the trauma bay where Dr. Evans introduces them to Roberto. She describes his life: things he liked to do as a child, schools he attended, and goals that he shared with his family. She also explains he made a series of life-altering decisions such as selling and buying weed, skipping school, and getting arrested. Then she explains how he was set up to meet a girl he knew on the morning of January 22, 2015 to purchase marijuana. Instead of the girl, three guys showed up and one had a gun. Roberto tried to flee the situation but was shot once in the chest. Dr. Evans describes how the fire department EMS crew and Trauma Team tried to intervene to save his life. She passes around equipment and allows them to feel it in their hands in the exact trauma bay that Roberto was treated. The discussion is not over dramatized but rather factual and medicine-based. The youth are given a chance to ask questions. Dr. Evans asks them “How many times a month do you think we get patients like Roberto?” which opens the door for the discussion of the magnitude of the violence of Omaha.

ROBERTO GONZALEZ



“You have to do what your city needs and can’t simply replicate what my city needed.”

– Dr. Amy Goldberg, Director of Cradle to Grave



Then the youth and team go to a classroom setting where an anti-violence specialist leads the discussion. The specialist is identified as a “credible messenger” or someone who is able to connect with and motivate the youth because their relatable shared lived experiences and with turning their life around. The specialist covers values, dreams, and goals; risk and protective factors; discusses emotions and actions; and how everyone has a choice to think before they act.

The curriculum for D2D was adapted from an 8 week long gang prevention resource called the [Phoenix Curriculum](#). At the end of each class, all participants receive a Certificate of Completion. Furthermore, a letter is sent to each child’s primary caregiver, sharing information about what was discussed in D2D and tips for continuing the conversation about violence with their child. When applicable, D2D staff follow up with youth leaders, such as when a concern was raised about a youth’s activities or destructive behaviors during the class. Holding a program in a hospital requires that the youth have transportation and are available to come to the hospital. Our program financially supports transportation provided by the community-based organization. However, not all youth are available to come to the hospital, particularly those youth at highest risk for violence who are being held on criminal charges at DCYC, the youth correctional facility in Omaha. In collaboration with DCYC, we filmed the trauma bay portion of D2D and included Roberto’s family narrative to bring the program to DCYC. D2D is now held weekly at DCYC, in addition to the monthly program at Nebraska Medicine.

KEY SKILL SETS

The necessary skills for this type of program are presence, relationship building, community focus, ability to collaborate, transparency, flexibility, and working together toward common goals. Team members needed include physician champion in Trauma Surgery or Emergency Medicine; program coordinator at the hospital; hospital buy in (Privacy, Legal, Emergency Medicine and hospital leadership); adolescent behavioral mental health provider serving as a consultant; local police department, specifically, gang unit members; local youth organizations and local schools; credible messenger; local patient and family support as a model story; statistician serving as an evaluator of the program; and juvenile justice.

FUNDING

It is important to consider sustainable funding sources for a youth violence prevention program from the beginning. Initial startup costs are likely to be greater than ongoing support. D2D seed funding was awarded to Dr. Charity Evans through the Diversity Grant at the University of Nebraska Medical Center. The Diversity Grant is a \$50,000 internal grant awarded to a faculty member who contributes diverse cultural experiences and talents and is committed to providing services to under-served patients and populations. This funding supported initial startup costs including the Phoenix Curriculum, buyout of Dr. Evans time to commit to programming, printing and supplies. Our team came together fully when applying for the Robert Wood Johnson Foundation Clinical Scholars program. Dr. Charity Evans and Ashley Farrens both worked under the Trauma Program and invited Dr. Jennifer Burt to join the team. Each person plays an integral role in curriculum development,



FULL PROJECT TEAM

- Charity Evans, MD, MHCM, Trauma Surgeon*
- Jennifer Burt Ph.D., LP, Child Psychologist*
- Ashley Farrens MSN, MBA, RN, Violence Prevention Coordinator*
- Ashley Raposo, MPH, Statistician
- Stewart Giddings MBA, YouTurn, Operations Director
- Omaha Police Department: Ken Kanger, Deputy Chief; Keith Williamson, Lieutenant Gang Unit; Alberto Gonzalez, Gang Specialist; Terrence Mackey, Gang Specialist
- Melissa Tibbits Ph.D., College of Public Health, University of Nebraska Medical Center
- Boys and Girls Club of the Midlands: Jermaine Jones and Tom Kunkel
- Douglas County Youth Corrections: Mark LeFlore, Manager and Brad Alexander, Superintendent
- Roberto’s mother Raquel Salinas and Roberto’s sister Oliva Peralta

**Clinical Scholars Fellows*

program design, and community engagement. Clinical Scholars allowed our team dedicated time to focus on violence prevention and expand our opportunities to in the community. The leadership training also assisted our team to enhance partnerships within the community and our University system. Ongoing funding for the past three years for D2D has been provided by the Community Service Grant through the City of Omaha. Funds have ranged from \$7,500-10,000. This grant supported D2D program supplies and the Credible Messenger hourly salary. Our team continues to actively identify and apply for on-going sustainable funds within the University, community grants, and through philanthropy in the Omaha metro area.

Additional support for D2D is provided by the University system and community partners. For example, graduate and medical students have supported ongoing efforts for program evaluation and research. The University allows our team to use classroom space for no extra fees. Our community partners provide the transportation to and from the class at the University. Youth on probation attending the class are often transported by their parole officer. We rely on our partnership with the Omaha Police Department (OPD) to provide an officer in street clothes (not uniform) at the class for any safety related needs. OPD is also available to look at participant names and help our team understand if there are any concerns with rival gang members attending the same class. More recently, our team gained additional financial support from the Department of Surgery and Dean's Office at UNMC to jointly hire a statistician to support improved data collection, analysis, and dissemination efforts.

COMMUNITY PARTNERS

This program was designed for the benefit of our community and the participants come from the community, not our hospitalized population. Any youth program that seeks to serve youth needs to involve the organizations who are working with these youth. We collaborated with our city police's Gang Unit and Gang Specialists, youth at the local Boys and Girls Club, and anti-violence community-based organization. Since the program is based on the life of Roberto Gonzalez, his family has been a constant partner and supporter of the program. Working with the officers who originally worked Roberto's case, OPD approached the family about participation.

We learned quickly the importance of community partnership. As an academic healthcare organization, we had the research and experience in building programming but this program is 100% reliant on the support of our community and partnering organizations. We partnered with the Boys and Girls club of the Midlands to have consistent referrals of youth. There are 9 clubs in our metro area so we set up an agreement that each club would come once a month to the hospital. The club is responsible for recruiting 8-14 students in the age range of the program, obtaining consent from the caregiver, transporting the youth to the hospital for the class, and providing supervision while at the class. This became known as the "Club of the Month" at D2D. In return, D2D provides a small stipend for transportation to the hospital for youth to participate in the program. One year after the initiation of D2D, we held a series of focus groups with the youth at both the Boys and Girls Clubs of the Midlands and DCYC, to gain feedback on the class. This feedback was used to alter the format and content of the class and change questions asked in the pre- and post-class surveys to strengthen our program evaluation.

YOUTH NAMED THE PROGRAM

Since this is a youth violence prevention program, we wanted the youth to name the program. We invited two Boys and Girls Clubs to share about the content and goals of the program with their youth. Youth were asked to identify a name for the program and write a short-essay about the name they selected. A \$100 gift card was presented to the winner.



“When I heard about the program, I was told it was about trauma patients and how it changes their lives completely. I instantly started to think about from the time you were born to the time you die. That’s where I got dusk to dawn at. Dawn is supposed to be the moment you enter the world represented as sunshine and the start to a new a chapter of the world. Dusk is the end of the day where the sunshine fades and the darkness starts to settle in. Dusk is supposed to represent the dark ending to something that created so beautiful.”

– LaDaysia Smith

Project work

In order to understand the need of our community in creating a youth violence prevention program, we completed a needs assessment. The needs assessment included a review of the trauma database in order to understand the characteristics of those who have been injured by violence. We also reviewed data from the OPD, to strengthen our understanding of the history of violence and homicide in our city, and the areas of Omaha most affected by violence. We interviewed several other youth violence prevention programs across the nation to learn about best practices and evidence-based approaches. We also talked with community leaders and advocates to assess the need for such a program in our community.

BUILDING PARTNERSHIPS

Building community partnerships was a critical first step to build D2D. The key is to start early and give the relationship time to grow. As with any relationship, you need to build trust. We spent two years integrating in community meetings, being supportive of other youth programs and offered help by being vendors at events, making donations and being actively engaged with what was happening in the community. It was important to be present and seen before approaching other organizations as partners in D2D. Over time, those relationships grew and we felt confident in approaching them to ask for their support and collaboration with D2D.

The police department was able to help us identify a victim's family that would be open to sharing their story. They assisted in approaching Roberto's mother by making several home visits to check in and open the conversation about talking about Roberto and his life. The police department is also available to review the names of participants to help us understand if there are rival gang members in attendance and to send officers in plain clothes to be present at the group. The Boys and Girls club has unlimited youth in our age range for the program. We partnered with them to have a different club attend D2D every month, which guaranteed that youth would be present in the class. It was an equal partnership because the clubs didn't offer any programs similar to Dusk to Dawn. The You Turn partnership was invaluable because they provided D2D the educator or "credible messenger." To be successful, D2D needed someone to talk to the youth from a perspective of understanding high risk situations. Our team knew that we needed someone with a shared lived experience to lead the discussion and disseminate the message of anti-violence.

CURRICULUM DEVELOPMENT

We completed an extensive research and literature review and consulted with other youth violence prevention programs to identify an evidence-based curriculum. The Phoenix Curriculum is an evidence-based gang prevention program including elements. With the help of the credible messenger and consultations, our team selected portions of the 7-week curriculum that would support the goals to change attitudes and beliefs on violence and could be delivered in a 2.5-hour class. The team identified the following lessons as most critical to this goal: identify values, goals and dreams, identify risk and protective factors for violence, understand the impact of emotions on actions, and to learn the skill stop, think and act. The curriculum was modified after one year based on feedback from youth and the credible messenger.



"STAY ALIVE"

One of the most humbling moments in our journey to launch a program was in the first class in April 2017.

At the start of each class, we ask the youth to shout out their **VALUES**, **DREAMS**, and **GOALS**, which we record on paper in the front of the class.

A student had a goal to "**Stay ALIVE**". In that moment, we realized that our 2.5-hour program was only scratching the surface of how violence is affecting the youth in our community.

TRUE PARTNERSHIP



In November 2019, Charity Evans and Dele Davies received the Corporate Partner Award from the Boys & Girls Club of the Midlands. This award is presented to an organization that has demonstrated being a true partner to the members of the Boys & Girls Club of the Midlands and has made a difference in the lives of the youth of our community.

HOSPITAL BUY-IN AND IN-HOUSE PREPARATION

- Administration:** Prior to launching D2D, our team approached the CEO, CMO, Legal and Privacy teams about the concept. We discussed the Cradle to Grave program as evidence of more hospital systems participating in violence prevention and intervention. We shared the curriculum and described our ongoing partnership with the Boys and Girls Club and OPD. It helped immensely that Dr. Evans and Ashley Farrens are both employees of the hospital, and healthcare providers to the trauma team. This ensured close oversight of the program, from a hospital perspective.
- Legal and Privacy Teams:** We worked closely with the hospital legal and privacy teams to gain acceptance of the youth on the hospital campus for the program. We were advised to create formal consent that included parental permission for youth to attend, confirmation of immunization status since youth would be in patient care areas, and legal protection to cover if anything happened while youth were present. The original consent was lengthy and a barrier for some parents to complete so it was shortened (Appendix).
- Interpretive Services:** We worked with our interpretive services team to translate the parental consent forms, brochures, and informational sheets into Spanish to fit the needs of our Spanish speaking participants. The parental consent forms, brochures, and informational sheets were also reviewed by health literacy, to ensure the language used was easily understandable.
- Marketing Team:** We worked with our hospital marketing and website team to make our program accessible and on the Nebraska Medicine webpage. This allows us to tell the story of Roberto, share informational links and resources for parents, create an on-line consent form link, and give continuous updates about upcoming class dates, number of youths that have participated, and share our data with a dashboard link using Power BI. Our media team also produced a video about Roberto's experience that can be used at off-site classes or if the trauma-bay is unavailable when youth attend the class at Nebraska Medicine.

ADDITIONAL RELATED PROGRAMS

Recognizing that youth are embedded in families and communities, our work extends beyond youth attitudes towards the use of violence. Creation of a trauma informed care curriculum for healthcare providers allows us to shape the culture of our hospital and the lens our providers use when working with victims of violence. Institution of the Strengthening Families Program 10-14 in our community allows our teams to work with both parents and youth to expand parenting and life skills. In 2020, our team created ENCOMPASS Omaha, which is a hospital-based violence intervention program to help hospitalized victims of violence heal from both the physical and emotional trauma from an injury. The program addresses advancements in education, job training and job skills, housing and relocation resources, food security, primary health care, mental health and substance abuse counseling, and medical/legal aid. Violence is a complex issue, and requires a complex solution which employs a wraparound approach to those affected.

"There is still time to change your life."

– 13-year-old male

"I need to make my own decisions."

– 15-year-old male

"Violence isn't the key to life."

– 15-year-old female

"Be the voice of reason."

– 15-year-old male

"Don't take life for granted."

– 16-year-old female

"Take time and figure out the situation you're in and think 'would I regret this?'"

– 13-year-old male

Evaluation and dissemination

Violence is a complex issue, which will require a complex solution. We view D2D as “another tool in the toolbox” of prevention, as a single 2.5-hour class is unlikely to solve the issue of youth violence. Measuring the use of violence or becoming a victim of violence would be challenging to measure over long periods of time, and would not provide enough granularity to make improvements to the class over time. Our team decided to measure impact of D2D on challenging the youth’s attitudes and beliefs about violence. Program evaluation data was collected through pre- and post-surveys designed to measure changes in the youth’s attitudes and beliefs about violence. Our team did a comprehensive literature review to identify a validated tool measuring attitudes and beliefs on violence. We were unable to identify an appropriate measure for our class. As a result, we worked with the College of Public Health at University of Nebraska Medicine to identify what our needs were in a tool.

The tool needed to be brief, written at a basic 5th grade reading level, and measure change in attitudes and beliefs on violence. The CDC has compiled assessments in one document **Measuring Violence-Related Attitudes, Behaviors and Influences among Youth**. Our team identified assessment items from this tool kit to assess the impact of D2D on youth attitudes and beliefs toward violence pre and post D2D. We also identified key demographic factors we needed to understand our community and the population we are serving. The survey has undergone several rounds of revisions to strengthen our program evaluation needs. For example, we noticed that many youth did not complete the open-ended questions and they were difficult to interpret and code. We also identified many surveys were unfinished because it took the youth too long to complete them. The current tool used for data collection (Appendix) is continuously being evaluated with the goal to have enough data to publish a validated tool in the future. More recently, we have moved the survey to RedCap to meet the needs of virtual programming during the COVID-19 pandemic.

The surveys include demographics, judicial involvement, family income (based on free or reduced lunch), experiences with violence in the last 6 months, and reactions to situations involving violence. We emphasize that all surveys are anonymous and ask for their complete discretion when completing the survey. Pre-surveys are placed in unmarked folders and handed out at the beginning of the class. At the end, an additional post-survey is given to the youth and we ask for them to put both surveys in the folder to return to D2D leaders for collection before they leave. This allows us to match the pre- and post- answers to the same individual while remaining anonymous.

PRESENTATIONS

- Dusk to Dawn; A Hospital Based Youth Violence Prevention Program, Los Angeles Gang Prevention and Intervention Conference, CA, May 8, 2017
- Dusk to Dawn; A Hospital Based Youth Violence Prevention Program, Grief’s Journey: Grief Awareness Conference, Omaha, NE, November 17, 2017
- Dusk to Dawn: A Hospital Based Youth Violence Prevention Program, Society of Trauma Nursing TraumaCon, Portland, OR, March 22, 2018



KEY MESSAGES

- **Invest time in laying the groundwork:** Become engaged in community meetings, activities, and organizations. Show commitment and integrity by "showing up."
- **Give back before you ask:** Volunteer time, donate materials/money, provide resources before asking for partnerships and collaboration.
- **Involve key community collaborators every step of the way** so they are heard and a part of the team.
- **Remain consistent** with meetings, updates, data sharing, and feedback sessions.
- **Replace sympathy with support:** Provide services that are beneficial by asking what the community needs instead of assuming what they need.
- **Remain present for the youth:** One protective factor for youth violence is the presence of a caring adult. We can be that for these youth, but it has to be consistent.

- Dusk to Dawn: A Hospital Based Youth Violence Prevention Program, State of the Art Nursing Conference, Omaha, NE March 29, 2018
- Dusk to Dawn: A Hospital Based Youth Violence Prevention Program, Think First National Injury Prevention Foundation, New Orleans, LA, April 28, 2018
- Dusk to Dawn: A Hospital Based Violence Intervention Program at the Nebraska Public Health Conference in Lincoln, Nebraska on April 3, 2019.
- Guest speaker: the American Jail Association Mental Health Summit at the University of Nebraska, Omaha in Omaha, NE on June 4, 2019.
- Guest speaker: University of Nebraska Omaha, Public Health/Health Behavior (PHHB) 3310 General Safety Education with a focus on Injury Prevention, March 5, 2020

MEDIA EXPOSURE

- [Omaha World Herald: Shootings Decline as Omaha Steps Up Violence Prevention Efforts](#)
- [Omaha World Herald: Street Outreach Workers Head to Hospitals to Help Victim's Families](#)
- [WOWT Channel 6: Hospitals Working Together to Curb Violence in the Metro](#)
- [KMTV Channel 3: Health Systems Team Up with YouTurn to Stop Violence](#)
- [KETV Channel 7: Trauma Hospitals and YouTurn Partners to Fight Gun Violence](#)
- [KPTM Fox 42: Local Hospitals Team Up with YouTurn to Fight Against Gun Violence](#)
- [American Hospital Association](#)
- [KPTM Fox42: Hospital-Based Program Working with At-Risk Youth](#)
- [Omaha World Herald: Anti-gang Program at Nebraska Medicine, UNMC Needed](#)
- [Omaha World Herald: 'Dusk to Dawn' program aims to prevent violence among youths](#)
- [Lincoln Journal Star: New Omaha Program Aims to Prevent Violence Among Teens](#)
- [KMTV Channel 3: UNMC/Nebraska Medicine create program to curb youth violence](#)
- [WOWT News Channel 6: Program Targets Youth Violence with a Graphic Look at the Consequences](#)
- [KIOS Omaha Public Radio: New Trauma-Based Youth Violence Prevention Program First of Its Kind in Omaha](#)



PUBLICATION

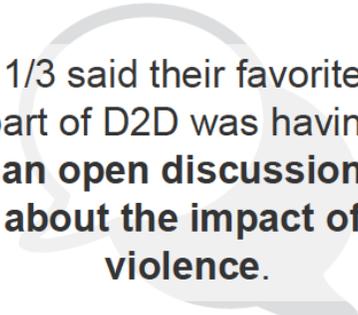
Snyder, B., Farrens, A., Raposo-Hadley, A., Tibbits, M., Burt, J., Bauman, Z. M., Evans, C. H. Dusk to Dawn: evaluating the effect of a hospital-based youth violence prevention program on youths' perception of risk. *J of Trauma and ACS*; July 2020: Vol 89, Issue 1:140-144.



Challenges, successes, and lessons learned

- Finding the right credible messenger and curriculum:** The key to success of a violence prevention program is having a credible messenger. This is a person that can relate to the audience based on how they look, talk, and shared lived experiences. Without the right credible messenger, the program will be ineffective. We also felt strongly that our programming was based on an evidence-based curriculum. We purchased the entire Phoenix Curriculum to adjust based on the needs of the youth participating in the program. There was a point in time when our leader needed to step away and another community partner was assigned to lead the class. Over a few months, it was apparent that though this person “looked” the part, he did not share the same life experiences as the participating youth. We were able to pull the data from our pre- and post-surveys for evaluation, which showed a decrease in effectiveness of changing attitudes towards violence. This was a great lesson learned and reiterated the importance of having the right “messenger” for the program and the use of program evaluation data to inform practices
- Getting the word out:** Referrals were slow in the beginning with classes in the range of 5-8 youth. We held multiple community partner walk-throughs of the program (put on class without the youth so community partners could experience and ask questions), continued to connect to youth programs in the community, and established a scheduled partnership with our collaborative partners at the Boys and Girls Club. We set up an annual schedule to have a “Club of the Month” attend the program so that we could guarantee attendance every month. With the scheduled clubs we were meeting our class attendance goals of 12-15 youth every month and more recently have nearly 20 youth per month. We also worked with our media team to hold a media release conference that included our D2D team, community partners, and Roberto’s family. This allowed us to get the word out in the community through our local newspaper and news stations. The program coordinator called different organizations and offered to present the program to staff, dropped pamphlets and information sheets at different youth programs, and continued to be present at community organized meetings and events.
- Sustainability:** With the passion of the D2D team, we continued to grow and thrive as an established youth program in our community. We focused on the importance of the hospital and academic medical institution’s commitment to giving back to the community by offering a free program to all youth in the target age range. We continuously applied for grants to support the program and show our organizational leadership that this program was being built for longevity.
- Visibility:** Yearly, we report to hospital leadership, all community partners and referrals the impact D2D has had including how many youths served, demographics, survey results and research outcomes. This becomes a point of pride for all involved.

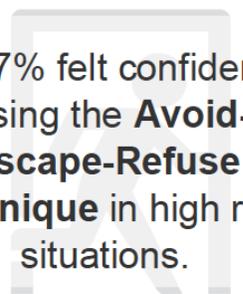
D2D PARTICIPANT SURVEY RESULTS



1/3 said their favorite part of D2D was having an open discussion about the impact of violence.



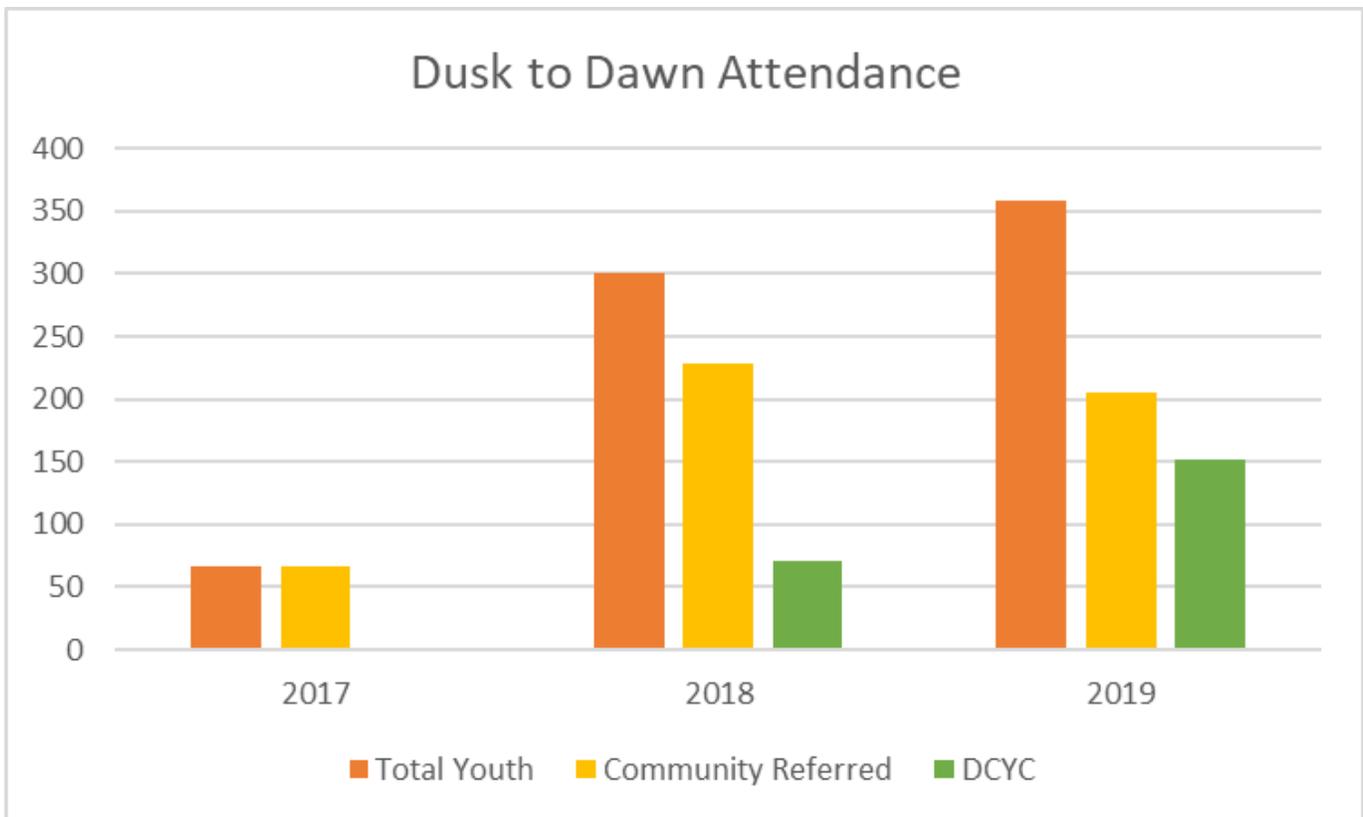
71% felt confident in using the **Stop-Think-Act** technique in high risk situations.



64.7% felt confident using the **Avoid-Escape-Refuse** technique in high risk situations.

SUCCESSSES

- **Sustainability:** D2D was initiated in April of 2017 and is still going strong to date. We have been recognized as a strong community partner in the fight against violence in our community and get annual recognition from our local media outlets. In 2019, we received the Corporate Partner Award from the Boys and Girls Club of the Midlands.
- **Growth:** We originally created this program to live at the hospital once a month with the potential of more classes upon request. Not only have we grown our hospital-based classes, we have partnered with our county youth detention center to provide the class once a week at the detention center. We have also been invited into city public schools for high-risk youth.
- **Expansion:** From our surveys we have received feedback that over 50% of the youth participants that complete the program “want to talk more about violence.” We held youth led focus groups at the Boys and Girls Club, as well as the youth detention center in the hopes of gaining information on youth goals and needs to create a D2D Part 2. Again, the focus is to build a curriculum based on what they want that is also based on existing evidence on violence prevention. A thematic analysis of the focus groups is directing us to focus on three topics: defense, disrespect, and #deadly (influence of social media).



SHIFTS IN THINKING

■ **Changes based on early results:**

1. We created a pre/post survey to collect data and realized after the first round of analysis that they were too long and the youth were not answering all the questions. We reevaluated what data was useful and reduced the number of survey questions to keep it simple and measurable. For example, we eliminated most open-ended questions that had to be categorized and coded because they were not giving us valuable information about the effectiveness of the program.
2. We also found that the consent form was too long and families were struggling with completing it to attend the program. We worked with our legal team to have only the required information on the consent and gathered other information in the pre survey demographic section.
3. Data obtained during the class and from the surveys uncovered the role of the family environment on youth violence. We worked quickly to provide a family program called Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14) to provide a resource to families we serve that identify the need for more support.
4. Traumatic experiences and social determinants of health play an important role in health outcomes. Our team identified the need to provide Trauma Informed Care (TIC) to the hospital staff as D2D grew because we understood the importance of changing the culture of healthcare in the most vulnerable moments of someone’s life while in the hospital. It is also a pre-requisite to build a hospital-based violence intervention program (HBVIP).

■ **Importance of family:** D2D was originally a program that focused only on youth, but with every class and more interaction with the youth, we knew that we needed to also look at resources for the family. We researched evidenced based anti-violence programs and found Strengthening Families Program for Parents and Youth 10-14 (SFP 10-14). We initially received funding from Omaha’s Mayor’s office to train community partners in this evidenced-based program and buy needed materials to implement the program. Since then, we have been funded twice by the Nebraska Crime Commission Office of Violence Prevention to train community partners and hold sessions in two high risk areas of the community up to four times a year.

■ **Honing leadership:** In the beginning, our passion outweighed our business approach to gaining hospital leadership buy in. With Clinical Scholars leadership training, we started talking more about the investment of the program by presenting cost analysis and community commitment from our hospital

■ **Staying authentic to the work:** Strategic planning was essential for us to stay focused on the goal of building a hospital-based youth violence prevention program. We worked with a consultant that guided us through strategic planning to set goals and limitations to stay authentic to why we started the work in the first place. We wrote a mission statement, identified a vision, and created strategic direction to build a path to remain successful and faithful to the work.

REFLECTING ON THE WORK

Dusk 2 Dawn
67 classes
725 youth served
Trauma Informed Care
45 classes
990 participants
Strengthening Families
2 trainings
29 community partners trained
5 families

Recommendations

This toolkit is a starting point to build a hospital-based youth violence prevention program. The most important focus for creating a program like this is to know what your community needs by listening to them. We know that violence in our city is not the same as other cities and it was important for a local family to tell their story for the youth to connect to the message. D2D is not a one-size-fits all model, but it can be adapted to other hospitals or organizations looking to create a prevention program. Program evaluation is essential to measure the impact of your program and for continuous quality improvement based on the needs of the youth attending the program and community-based partners. There are currently not any validated survey tools to measure the impact of a hospital-based youth violence prevention program; therefore, our team developed a tool based on existing tools and the tool is being evaluated and validated for publication in the future.

Regular analysis of collected data is paramount for evaluation for program effectiveness. We used internal evaluation frequently to make necessary changes to consents, surveys and program curriculum to meet our goals of changing youth attitudes towards violence. Once data is analyzed, share it with all partners, hospital administration, community collaborators, community-based youth organizations, local politicians, and key stakeholders. Set up meetings with partners to review the data and listen to their interpretation of the data to inform on-going quality improvement with the programming and partnerships.

GETTING STARTED

- Know your community; a violence prevention program must meet their needs.
- Spend time learning about what youth programming already exists and be supportive of their current work.
- Build relationships with local law enforcement and community organizations by being present and consistent in the conversation.
- Include community partners in the build of the program and choose a story that best matches your community.
- Complete a trauma database review to identify target populations and trends.
- Go through appropriate channels: Consent needs legal advice, partner with the ER to maintain HIPPA, and be considerate of patients receiving care.
- Don't proceed without a credible messenger; find the right fit for your program.
- There should always be an adult that is watching for risky behavior or silent cries for help during class discussion. If there is a youth needing extra services, there should be some avenue of referral.
- Continue to evaluate the data to inform future programming.
- Allow youth to come more than once. The class is meant to be an ongoing conversation, started at D2D but continued in their homes and communities. Returning to the class may be part of that cycle.
- Don't show up then disappear; youth need adults whose support is consistent.

CLINICAL SCHOLARS' REFLECTIONS

- **Jenny:** Many opportunities will arise. Be intentional about what you say yes to and give yourself permission to say no when the opportunity will take you away from the mission. This is difficult AND rewarding work. Make sure to take time to celebrate together.
- **Charity:** I wish I would have known how exhausting and invigorating this work would be. Being a trauma surgeon is rewarding, but being a trauma surgeon who is invested in the lives of those in her community is a career best. The hospital, particularly the trauma bay, may be triggering for some youth. I now ask at the very start of each class who has been to our hospital before, and who knows what a trauma bay is? I also give the youth permission up front to step out or speak up, if they are feeling uneasy about what they are seeing and hearing.
- **Ashley:** I wish I would have known how to package the idea in a more strategic manner for others to understand the vision. We fumbled a lot while explaining the purpose of our program to administration and how the program meets the needs of our community. I learned that your passion can push your success farther than obstacles in funding, politics, and "nay sayers".

Additional Resources

Youth Violence: <https://www.cdc.gov/violenceprevention/youthviolence/index.html>

- <https://www.childrensafetynetwork.org/injury-topics/youth-violence-prevention>
- https://apps.who.int/iris/bitstream/handle/10665/181008/9789241509251_eng.pdf;jsessionid=4DFBE0DFFB22690A6A109253F1D82DB5?sequence=1
- <https://www.nationalgangcenter.gov/>

Advice for Parents: <https://www.nidirect.gov.uk/articles/gang-crime>

- <https://www.nationalgangcenter.gov/Content/Documents/Parents-Guide-to-gangs.pdf>
- <https://www.ncjrs.gov/pdffiles1/nij/243470.pdf>
- https://www.nctsn.org/sites/default/files/resources/fact-sheet/your_child_and_gangs_what_you_need_to_know_about_trauma_parents.pdf

Parental Resilience: <https://www.fatherhood.org/fatherhood/5-protective-factors-parental-resilience>

- <https://cssp.org/wp-content/uploads/2018/08/ProtectiveFactorsActionSheets.pdf>
- <https://www.mindful.org/how-to-be-a-resilient-parent/>
- <https://blog.nebraskachildren.org/2015/05/04/protective-factor-3-parental-resilience/>
- <https://www.apa.org/topics/parenting/resilience-tip-tool>

Youth Resilience: https://cssp.org/wp-content/uploads/2018/08/YT_Youth-Resilience.pdf

- <https://raisingchildren.net.au/teens/development/social-emotional-development/resilience-in-teens>
- <https://thrivingadolescent.com/wp-content/uploads/2016/10/DNA-v-families-tip-sheets-HayesCiarrochi-2016.pdf>

Adolescent Development: https://cssp.org/wp-content/uploads/2018/08/YT_Knowledge-of-Adolescent-Development.pdf

- <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>
- <https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html>
- <https://raisingchildren.net.au/teens/development/understanding-your-teenager/brain-development-teens>

Protective Factors: <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

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

Social Connections: https://cssp.org/wp-content/uploads/2018/08/YT_Social-Connections.pdf

Social Emotional Competence: <https://raisingchildren.net.au/teens/development/social-emotional-development/social-emotional-changes-9-15-years>

- <https://raisingchildren.net.au/teens/development/social-emotional-development/independence-in-teens>

Concrete Supports: https://cssp.org/wp-content/uploads/2018/08/YT_Concrete-Support-in-Times-of-Need.pdf

- <http://dhhs.ne.gov/Pages/Nebraska-Family-Helpline.aspx>

Trauma Informed Care: <https://traumamattersomaha.org/>

- <https://www.nctsn.org/trauma-informed-care>

Violence Prevention Programs and Program Evaluation: <https://vetoviolence.cdc.gov/apps/evaluation/>

- <https://vetoviolence.cdc.gov/apps/violence-prevention-practice/#/>
- <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

Appendix

APPENDIX A: PARENTAL CONSENT



University of Nebraska
Medical Center



Dusk to Dawn Youth Violence Prevention Program

Intake

ALL INFORMATION PROVIDED to Dusk to Dawn is used for data collection only.

NO INFORMATION is shared with organizations outside of Dusk to Dawn.

INITIAL IN-TAKE FORM

Date ____/____/____

Completed by _____

Contact Information

First name _____ Last name _____

Address _____ City, State _____ Zip _____

Phone number (____) _____ Email address _____

Date of birth ____/____/____ Age _____ Gender M / F

Give 2 reasons why you think your child should participate in Dusk to Dawn?

1) _____

2) _____

Disclaimer

DUSK TO DAWN DISCLAIMER: The information obtained from the Dusk to Dawn intake form is “CONFIDENTIAL”. No names provided on this intake form will be shared without parental/guardian written consent.

Dusk to Dawn will only report aggregate data results based on responses on the intake form. No individual names or personal identifiers will be shared. The data will be used to compile participant’s demographics, and to demonstrate program needs and success.

Our signatures indicate that the information provided above is accurate and reflects our interest in participating in the Dusk to Dawn program.





Dusk to Dawn Youth Violence Prevention Program

PROGRAM:

I will be attending an observational site visit at the facilities of The Nebraska Medical Center, Bellevue Medical Center, UNMC Physicians (together, “Nebraska Medicine”), and/or the University of Nebraska Medical Center (“UNMC”). This site visit will not include any hands-on patient care.

I understand and agree to abide by the following site visit participation rules. I understand that failure to abide by these rules may result in denial or immediate termination of my site visit.

1. I have received and am current on the following vaccinations:
 - a. DPT/Tdap (Diphtheria, Pertussis, Tetanus)
 - b. Influenza (flu shot)
 - c. Hepatitis B
 - d. Inactivated Poliovirus (Polio vaccine)
 - e. MMR (Measles, Mumps, Rubella)
 - f. Varicella (Chicken Pox)
2. I will not attend the site visit if I am sick or have any of the following symptoms of communicable diseases: cough/cold; fever (must be fever-free for at least 24 hours); Chicken Pox; Pertussis (Whooping Cough); Influenza (Respiratory Flu); Stomach Flu/Gastrointestinal Flu; Tuberculosis (TB); MRSA.
3. I agree to maintain the confidentiality of all patient information I come into contact with and I will not disclose patient information to anyone. I will not take any photos or videos of patients or while located in patient areas.
4. I understand I may be asked to participate in group meetings, interviews, and surveys for the purpose of evaluating the effectiveness of the **Dusk to Dawn** program. I understand all responses are voluntary and I may refuse to answer any question(s).
5. I consent to allow Nebraska Medicine, Douglas County Department of Probation, Boys and Girls Club of the Midlands, Omaha Public Schools, and Omaha Police Department to disclose information about me to Nebraska Medicine Dusk 2 Dawn staff for program evaluation purposes. I understand information obtained about me by the Dusk 2 Dawn program will remain confidential.
6. I understand graphic images will be viewed and issues related to violence will be discussed during the site visit.
7. I understand I will enter the site through the Emergency Department metal detector. I understand and agree that absolutely no weapons are allowed at any Nebraska Medicine/UNMC facilities.
8. I understand Nebraska Medicine and UNMC will not provide any transportation for this program. I am responsible for my own transportation, or alternatively, give permission for Boys and Girls Club of the Midlands to provide transportation to and from the Nebraska Medicine/UNMC site.
9. I agree to hold harmless and release Boys and Girls Club of the Midlands, Nebraska Medicine, and UNMC, their employees, staff, officers, and agents from any and all liability for damages or personal injury stemming from my participation in the site visit.

In case of an emergency, I authorize the staff at Nebraska Medicine and UNMC to provide medical treatment to:

_____ (Name of Participant)

Parent/legal guardian Signature _____

Phone number (____) _____ Print Name _____

Emergency Contact _____ Relationship _____

Phone number (____) _____



APPENDIX B: PRE / POST SURVEYS



Dusk to Dawn Youth Violence Prevention Program

Pre-survey

ALL INFORMATION PROVIDED to Dusk to Dawn is used for data collection only.

NO INFORMATION is shared with organizations outside of Dusk to Dawn.

Participant Information	<p>Age:</p> <p>Gender: M / F</p> <p>Race/Ethnicity</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Latino/Hispanic/Chicano</p> <p><input type="checkbox"/> Caucasian/White</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Other _____</p> <p>Primary Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other _____</p>	<p>Education (What grade are you in OR what was the last grade completed)</p> <p><input type="checkbox"/> 6th</p> <p><input type="checkbox"/> 7th</p> <p><input type="checkbox"/> 8th</p> <p><input type="checkbox"/> Freshman 9th</p> <p><input type="checkbox"/> Sophomore 10th</p> <p><input type="checkbox"/> Junior 11th</p> <p><input type="checkbox"/> Senior 12th</p> <p><input type="checkbox"/> Graduate/GED</p> <p><input type="checkbox"/> Other _____</p> <p>What school do you attend:</p> <p>_____</p> <p>If not in school, what happened?</p> <p><input type="checkbox"/> Dropped out</p> <p><input type="checkbox"/> Suspension</p> <p><input type="checkbox"/> Kicked out</p> <p><input type="checkbox"/> Graduated/GED</p>	<p>Current Living Situation</p> <p><input type="checkbox"/> Live with parent(s)</p> <p><input type="checkbox"/> Live with grandparent(s)</p> <p><input type="checkbox"/> Live with Foster parent(s)</p> <p><input type="checkbox"/> Other _____</p> <p>Family Size (parents + siblings)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</p> <p><input type="checkbox"/> More than 6</p> <p>Do you get free meals or reduced price meals at school?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not sure</p>
-------------------------	---	--	---

Background	<p>Have you:</p> <p>Been to a detention Center?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Been on probation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why? _____</p> <p>Arrested?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, why? _____</p> <p><input type="checkbox"/> None of the Above</p>	<p>Have you:</p> <p>Had previous injury related to violence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lost a friend or family to violence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a gang member?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you hang out with gang members?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you learn about Dusk to Dawn?</p> <p><input type="checkbox"/> Boys & Girls Club</p> <p><input type="checkbox"/> Teen Club _____</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Self-referral</p> <p><input type="checkbox"/> Family/friend</p> <p><input type="checkbox"/> Probation</p> <p><input type="checkbox"/> Detention center</p> <p><input type="checkbox"/> Court mandated</p> <p><input type="checkbox"/> Omaha Police Department</p> <p><input type="checkbox"/> Other _____</p>
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Dusk to Dawn Youth Violence Prevention Program

Please answer the following questions to your best ability:

	In the last 6 months have you:	YES	NO
1	Hit, punched or kicked someone out of angry or revenge?	<input type="checkbox"/>	<input type="checkbox"/>
2	Been hit, punched or kicked by someone?	<input type="checkbox"/>	<input type="checkbox"/>
3	Carried a gun or a knife?	<input type="checkbox"/>	<input type="checkbox"/>
4	Drank alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
5	Smoked marijuana or used a drug?	<input type="checkbox"/>	<input type="checkbox"/>
6	Joined a gang, participated in gang activities or hung around gang members?	<input type="checkbox"/>	<input type="checkbox"/>
7	Skipped class without an excuse?	<input type="checkbox"/>	<input type="checkbox"/>

Please circle the numbers to indicate your agreement level of the following statements:

1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree

8	It makes you feel big and tough when you push someone around.	1	2	3	4	5
9	Sometimes you have only 2 choices- get punched or punch the other kid first.	1	2	3	4	5
10	If another kid wants you to fight, you should try to talk your way out of the fight.	1	2	3	4	5
11	If someone does something to make me really mad, they deserve to be beaten up.	1	2	3	4	5
12	A guy who doesn't fight back when other kids push him around will lose respect.	1	2	3	4	5
13	Fighting is not good. There are other ways to solve problems.	1	2	3	4	5
14	It's OK to hit someone who hits you first.	1	2	3	4	5
15	When my friends fight, I try to get them to stop.	1	2	3	4	5
16	If a kid makes fun of me, I usually cannot get them to stop unless I hit them.	1	2	3	4	5
17	My family would be mad at me if I got in a fight with another student, no matter what the reason.	1	2	3	4	5
18	If a kid hits me first, my family would want me to hit them back.	1	2	3	4	5
19	I usually can tell when things are bothering me or making me mad, even before I hit someone or something.	1	2	3	4	5
20	Carrying a gun or knife makes people feel powerful and strong.	1	2	3	4	5
21	Belonging to a gang makes kids feel safe because they've got people to back them up.	1	2	3	4	5
22	I don't like being around people with guns because someone could end up getting hurt.	1	2	3	4	5

23. Give 2 reasons why you think you were asked to participate in Dusk to Dawn today?

1) _____

2) _____





University of Nebraska
Medical Center



Dusk to Dawn Youth Violence Prevention Program

Post-survey

**ALL INFORMATION PROVIDED to Dusk to Dawn is used for data collection only.
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Please circle the numbers to indicate your agreement level of the following statements:

1 = Strongly disagree 2 = Somewhat disagree 3 = Neutral 4 = Somewhat agree 5 = Strongly agree

1	It makes you feel big and tough when you push someone around.	1 2 3 4 5
2	Sometimes you have only 2 choices- get punched or punch the other kid first.	1 2 3 4 5
3	If another kid wants you to fight, you should try to talk your way out of the fight.	1 2 3 4 5
4	If someone does something to make me really mad, they deserve to be beaten up.	1 2 3 4 5
5	A guy who doesn't fight back when other kids push him around will lose respect.	1 2 3 4 5
6	Fighting is not good. There are other ways to solve problems.	1 2 3 4 5
7	It's OK to hit someone who hits you first.	1 2 3 4 5
8	When my friends fight, I try to get them to stop.	1 2 3 4 5
9	If a kid makes fun of me, I usually cannot get them to stop unless I hit them.	1 2 3 4 5
10	My family would be mad at me if I got in a fight with another student, no matter what the reason.	1 2 3 4 5
11	If a kid hits me first, my family would want me to hit them back.	1 2 3 4 5
12	I usually can tell when things are bothering me or making me mad, even before I hit someone or something.	1 2 3 4 5
13	Carrying a gun or knife makes people feel powerful and strong.	1 2 3 4 5
14	Belonging to a gang makes kids feel safe because they've got people to back them up.	1 2 3 4 5
15	I don't like being around people with guns because someone could end up getting hurt.	1 2 3 4 5

16. I am confident I will be able to use the Stop-Think Act technique in high risk situations.

Strongly Disagree Somewhat Disagree Neither Agree Nor Disagree Somewhat Agree Strongly Agree

17. I am confident I will be able to use the Avoid-Escape-Refuse technique in high risk situations.

Strongly Disagree Somewhat Disagree Neither Agree Nor Disagree Somewhat Agree Strongly Agree



Dusk to Dawn Youth Violence Prevention Program

18. My favorite part of the Dusk to Dawn class was:

19. My least favorite part of the Dusk to Dawn class was:

20. If you could change the Dusk to Dawn program- what would you change and why?

21. How could Dusk to Dawn help you now that the class is done?

- Time to talk again Help find a counselor Someone to talk to my parents about violence
 Help find a safe place to be Help with drugs or alcohol use Help getting out of a gang

Please describe:

22. Give 2 Examples of what you learned today that you can use after the class

- 1) _____
2) _____



APPENDIX C: INFOGRAPHIC

Dusk to Dawn

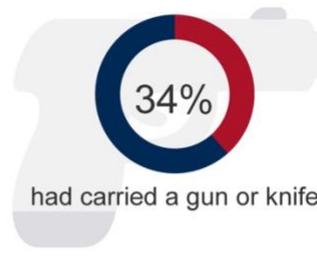
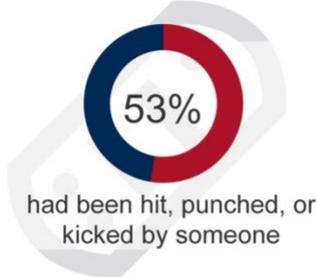
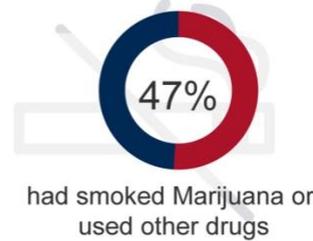
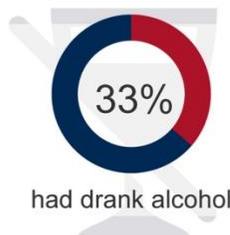
Participant Profile

Participant Characteristics

- 668 participants between April 26th, 2017 and December 16th, 2019
- 50% below the age of 15
- 74% male
- 48% African American, 21% Latinx/Hispanic/Chicano, 12% Caucasian/White
- 16% had been expelled or dropped out of school
- Data displayed includes participants from September 11th, 2018 to December 16th, 2019 (N=416)

- 24% had a previous injury related to violence
- 66% had lost a friend or family member to violence
- 23% report being gang members
- 51% report spending time with gang members
- 58% report having been arrested

In the last 6 months...



Those who skipped class in the last 6 months had **12.98 times greater odds** of smoking Marijuana than those who did not

Those who spent time with gang members had **8.49 times greater odds** of being arrested

Those who spent time with gang members had **3.53 times greater odds** of having an injury related to violence



Dusk to Dawn

Youth Violence Prevention Program

Before the class:

42%

Agreed

"Sometimes you have only 2 choices - get punched or punch the other kid first."

After the class:

31%*

Agreed

26%

Agreed

"If someone makes you really mad, they deserve to be beaten up."

17%*

Agreed

35%

Agreed

"A guy who doesn't fight back when other kids push him around will lose respect."

25%*

Agreed

64%

Agreed

"It is OK to hit someone who hits you first."

49%*

Agreed

*Exploratory evaluation found significant

1/3 said their favorite part of D2D was having an open discussion about the impact of violence.

71% felt confident in using the **Stop-Think-Act** technique in high risk situations.

64.7% felt confident using the **Avoid-Escape-Refuse** technique in high risk situations.

Give an example of what you learned today that you can use after the class:

"Violence isn't the key to life." - 15, Female

"Having goals can help you in making decisions." - 16, Male

"Communicate more, think before I act." - 10, Male

How can we help?

51% said they just needed more time to talk

What is next?

"D2D 2" focusing on additional **CONFLICT RESOLUTION SKILLS AND OTHER RISK FACTORS** associated with violence

Working together to continue the conversation:



APPENDIX D: WORD MAPS



