



How can we best educate others about the impact of violence on boys and young men of color?

Research and recommendations for a public education campaign

As members of the Healing Justice Alliance we believe all boys and young men of color (BYMOC) deserve to be treated with dignity and respect, especially those who have been victims of violence. We know that, in order to heal they must have unfettered access to support services when they need them. And yet, we know a lot needs to change for this to be a reality, as many of the young people we work with have been treated poorly as they interact with our systems. This often results in missed opportunities for connecting to care, and contributes to their distrust in our programs, and institutions. If this experience of poor treatment by systems who are supposed to serve them is a result of misconceptions by the staff at these institutions about young men of color, and their experiences with violence, we started to wonder: what would it take to change that narrative?

Berkeley Media Studies Group (BMSG), the Healing Justice Alliance (HJA) communications technical assistance provider for the Supporting Male Survivors of Violence (SMSV) grant program, spearheaded a project to develop a public education campaign to support organizations and individuals seeking to change the current narratives about BYMOC.

To be effective in using narratives to change people's hearts and minds, we need to learn about how and why people think the way they do. For this we needed research. We wanted to know: what are the perceptions and attitudes that people hold about BYMOC, and what opportunities are there to change them? We also need to be specific and realistic about who we are trying to persuade, our target audience. And, we needed to be clear about what we wanted people to do, think, and feel after they were exposed to our messages and materials.

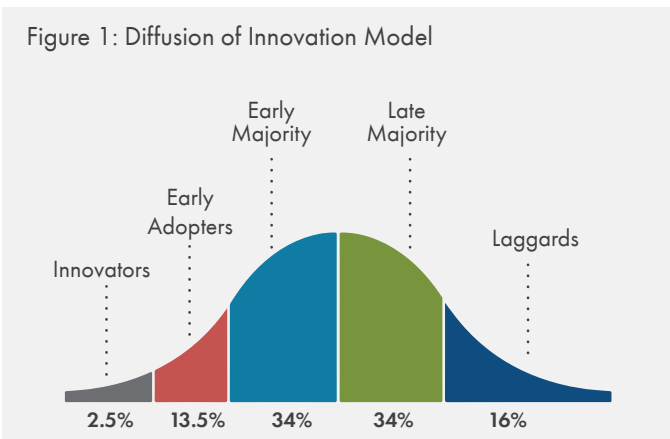
To answer our research questions, we partnered with Goodwin Simon Strategic Research (GSSR), a public opinion research firm, and Wonder: Strategies for Good, a communications strategy firm, both with vast experience in message testing on important social justice issues.

In July 2018, we formed a public education campaign workgroup that included SMSV grantee representatives as well as BMSG, GSSR and Wonder team members to guide and inform the process. The research was iterative, with each phase building on what we learned in the previous phase. In this *Brief*, we describe the research process, what we learned, and summarize the recommendations for how our messages can help shift the narrative on BYMOC so the need for compassion and healing is brought to the fore.

“ The interviews yielded important insights about what professionals believe about why BYMOC are not adequately served by their organizations. ”

ESTABLISHING THE TARGET AUDIENCE: WHO DO WE WANT TO REACH?

While everyone in our communities can have a role in healing the trauma of the young people we work with, we have limited time and resources to educate everyone. Our first step, then, was to narrow down the audience we were hoping to influence with our public education campaign. GSSR uses the diffusion of innovation model (Source: Rogers EM. *Diffusion of Innovations*. New York: Free Press, 1983) to facilitate the process of identifying the target audience. The model offers a way to segment audiences by their likelihood of adopting a behavior or an idea. The model, which has been tested over time across many different issues, demonstrates that once the early adopters embrace the new idea, others will do the same. The key is to figure out who those “innovators” or “early adopters” will be. Once they are on board, then the larger part of the audience, “late majority” or “laggards”, will follow.



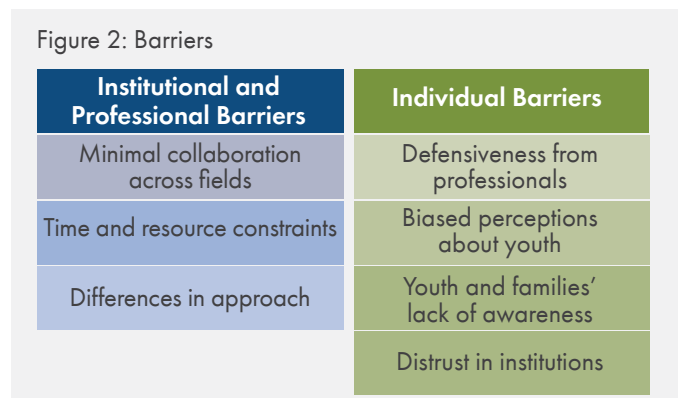
The workgroup decided to focus our efforts on professionals working in youth serving organizations (e.g. teachers, coaches) and in health care settings (e.g. nurses, doctors, EMTs). These professionals are likely to be the innovators and early adopters of a new narrative about BYMOC because they interact with the same population we work with and are closer to understanding the importance of healing in BYMOC lives, as opposed to, for example, law enforcement (though important to persuade, they are more likely to be considered laggards in the diffusion of

innovation model). We wanted to begin with those who would be most motivated by the materials we developed and who had direct contact with boys and young men of color who had experienced trauma.

Research phase one: in-depth interviews

Once the advisory group identified our target audience, the research team at GSSR conducted five in-depth interviews of individuals in our target audience. To communicate persuasively, we must understand not only where we want our audience to go, but also understand where they are starting from. Just these few interviews provided important information about what is going on in the minds of youth and health professionals when it comes to boys and young men of color who experience violence and trauma. Participants were asked about their role at their respective organizations, what motivated them to pursue their line of work, their perceptions of the lives of the boys and young men of color they serve, barriers and obstacles to services that these young men and boys face, and feedback on messages related to these questions.

The interviews yielded important insights about what professionals believe about why BYMOC are not adequately served by their organizations. These included barriers at the institutional or professional level, and at individual levels, both for the youth and their families, as well as professionals serving them.



At the institutional and professional level, participants described that they often do not have enough opportunities for collaboration and learning across fields. This results in missed opportunities to connect young men to services when trauma occurred or when they manifest signs of trauma. Similarly, there were professional tensions when practitioners from different fields considered the best approach. Some reported a sense of being judged by other professionals for leading with one approach and not another.

“ To communicate persuasively, we must understand not only where we want our audience to go, but also understand where they are starting from. ”

As one participant put it:

“... I totally get where the trauma people are coming from, but you can't trauma-care someone into employability. You have to have a dual strategy.”

Sometimes professionals reacted defensively, as they felt the implication of the question was that they are not doing enough for the youth they work with because they have biases that prevent them from acting fairly or compassionately. This defensiveness makes it harder to discuss what can be done differently or what gaps there are in serving BYMOC who have experienced violence.

Our participants noted that other professionals' perceptions about BYMOC can interfere with how they provide their service. They may blame the young person for the harm they experienced or may assume they do not need or want care. For example, if a young person is acting in a way they perceive as hostile, professionals may interpret this as a lack of interest in getting care, and thus discourage them from trying to continue to build those relationships.

Lastly, practitioners also thought that the barriers to providing comprehensive and compassionate services for BYMOC existed because the youth themselves or their families did not know about or trust the institutions providing the services. Additionally, participants felt that while building true relationships with young men and their families can go a long way, it takes time that they and their colleagues don't necessarily have.

Overall, the interviews showed us that changing the narrative about BYMOC who have experienced violence and trauma will need to involve changes in the organizations and institutions providing the services and the service providers themselves. While a public education campaign will not solve it all, it can help and inspire professionals to advocate for change within their organizations.

ESTABLISHING THE ACTION: WHAT DO WE WANT THEM TO DO?

Once we identified our target audience we needed to clarify what we wanted that audience to change. In other words, what do we want caregivers and practitioners to think, feel or do differently as a result of being educated about the consequences of trauma and need for healing among BYMOC? The insights from the in-depth interviews helped us better understand the perspectives our target audience holds about their own practice, the institutional barriers that prevent them from best serving BYMOC, and their desire to do better. With this understanding we decided that if we are successful in our campaign our target audience will be able to:

- **Identify boys and young men of color as victims of violence;**
- **Recognize that as professionals they can have a positive impact in BYMOC's lives; and**
- **Take actions to improve their interactions with BYMOC.**

The next phase of the research was designed to help us understand more deeply where our target audience is regarding these objectives and identify opportunities to move them closer to action.



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

“ ...when race came up in our discussions it elicited such anxiety that even those observing the focus group behind the two-way mirror could feel it. ”

Research phase two: online and in person focus groups

The second phase of the research was designed to further explore these initial perspectives, and to test stories, messages, and visual materials with the target audience through *online focus groups* followed by *in-person focus groups*. For the online focus group, the team drew from the phase one findings and developed test materials that included stories of young people and stories of professionals who interact with them, as well as a sample poster and handout for the public education campaign. Twenty-five professionals working in and around SMSV sites across the country participated in the four-day *online focus group*, completing online exercises and participating in group discussions.

Subsequently, GSSR conducted four *in-person focus groups*: two in Philadelphia (one with Latinx providers and one with White providers) and two in Kansas City (one with White providers and one with Black providers). Some members of the workgroup observed the focus groups and debriefed with the research team immediately after. During each session participants were shown three videos: one of a White ER physician, one of a White school teacher working in a predominantly Black and under resourced school, and one of two young Black men. In the videos, the medical provider and the teacher talked about what inspired them to do this work and the lessons they have learned about working with survivors of violence; whereas the two young men talked about the difficulties they faced growing up, the prejudice they still experience today, and the importance of the mentoring relationships they have had with teachers and other professionals working in the youth program they were a part of.

Focus groups findings

The findings from the two series of focus groups reinforced what the team learned from the in-depth interviews and added new insights about the undercurrents of racism that surround BYMOC and violence, the defensiveness some providers feel, and the need for a narrative that demonstrates hope and a pathway to healing.

Whenever we talk about boys and young men of color who have experienced violence and the need for healing and support for them, the conversation necessarily includes race. BYMOC, particularly African-American young men as well as Latinx males, experience violence at disproportionate rates. The history of violence against Black and Brown people in the U.S. predates the founding of our nation. This legacy of slavery and attempted genocide still permeates our institutions, despite efforts by many to uproot it. The conversations that this project must have about boys and young men of color are painful because our history is painful. Generational trauma is stressful and uncomfortable to examine – for people of color as well as White people, although in very different ways – and so often it goes unexamined. This makes it challenging to talk about within professional and health care settings that haven't established a process for examining that legacy and creating ways to move forward.

In general, when race came up in our discussions it elicited such anxiety that even those observing the focus group behind the two-way mirror could feel it. Some providers did not think it was necessary to specify race when talking about the youth they serve because they feel their role is to serve all kids, regardless of race. Nonetheless, there were differences in the way White and Black providers reacted during the discussions around race. For White providers the anxiety reflected their paralyzing fear of doing or saying the wrong thing and being perceived as racist. For Black providers the fear was that emphasizing race further pathologizes Black kids, implying there is something wrong with them. Some in the focus groups thought that White providers may focus on race to demonstrate how “woke” they are, as opposed to focusing on the needs of the young men themselves.

Black defensiveness around discussions of race:

“He never said I have to help a black boy. He never said that. He just said I have to help a young man.

So it made me respect him a lot more, because what does race have to do with anything?”

– Black woman, Kansas City

White anxiety around discussions of race:

“I don't really know what to say about it. It is just going to make me sound – anything I say is going to make me sound like a rich White male.”

– White man, Kansas City

“ Providers expect that if they are having an impact they will be able to see it. Therefore, if they do not... they assume they are not having an impact, and that their efforts are in vain. ”

Race and gender also came up as potential barriers for change. Some providers felt that because of their race or gender they will never be able to fully connect with young men of color. This suggested that providers have a sense that no matter how much training they get, they will not be able to connect the same way as a person of color or a male provider. Conversely, providers of color who experienced similar upbringing as the population they serve felt that they could relate and understand their youths' experiences, while perhaps minimizing a need for training or self-reflecting on their professional approach.

This deep connection also highlighted the difficulty of providers of color to disengage and decompress from the work compared to the privilege of some of the White providers who are able to compartmentalize the work because they do not have same lived experience.

Providers' defensiveness came up in other ways as well. Some tended to intellectualize the problems facing BYMOC and the barriers to healing defining these as big systemic issues, such as capitalism, racism, and inequality, that seem impossible to change, particularly from the point of view of a provider dealing with young people who needed immediate and individualized attention. Providers also felt they were already overburdened and under resourced; they believed they are already doing enough, and that others – colleagues, or other professionals – are the ones who need to change. This defensiveness caused them to react strongly against statements that sounded absolute. Messages that included terms like “all providers” or “[this action] makes all the difference” seemed to set the bar too high and be too hard to meet. Sweeping generalizations made providers nervous about being held to impossibly high standards. Providers responded similarly to suggestions about instituting organizational policies on trauma informed practices, citing cases and scenarios that were the exceptions to the rule as they emphasized their need for flexibility. Providers expect that if they are having an impact they will be able to see it. Therefore, if they do not see immediate results of their interactions with BYMOC, they assume they are not having

an impact, and that their efforts are in vain, leading them to feel helpless and defeated.

These difficult and complex feelings showed us that there is a need for hope. Through this process we were reminded that professionals come to their work with a strong set of values, that they truly care about the young people they serve, and that they want to do the right thing. However, we learned that there are gaps in their understanding of how change happens among BYMOC, the systems that they interact with, and their role in the change process.

As difficult as the conversations in the focus groups were, the stories and discussions reminded them that they do have an important role and can still have an impact on the lives of the young men they serve.

In fact, participants in the focus groups expressed gratitude for having the opportunity to share their stories and worries and to hear from one another. Some went so far as to talk with their supervisors about ways to serve young men better, while others reported seeing and thinking about young men in a more empathetic way as a result of the focus groups activities. When participants had a hard time thinking about what could be done differently, we found that showing them concrete examples of successful interventions and programs helped them see that change is possible, and replicable. When we presented data showing specific improved outcomes for the people involved in a program, focus group participants were curious to learn more; they were visibly inspired by success stories, such as the testimonials of the two young men participating in a youth empowering program they saw on the video.

These findings showed us that racial dynamics and tensions play a big role in how providers see themselves and the work that they do. To be effective in communicating about boys and young men of color who have experienced violence, we must pay attention to the way we talk about race. We also learned that providers are committed to help the kids they serve, but that often they feel burdened, or hopeless.

MESSAGE RECOMMENDATIONS: WHAT CAN WE SAY TO MOTIVATE THEM?

This research provided us a nuanced understanding of how professionals in youth and health care settings think about boys and young men of color and how they see their role in creating change.

“ Participants in the focus groups expressed gratitude for having the opportunity to share their stories and worries and to hear from one another. ”

This is critical to developing communication messages and materials that inspire them to become innovators and early adopters of approaches that recognize and heal the trauma tormenting too many of our BYMOC. The following recommendations emerged from our synthesis and analysis of the key findings.

Elevate shared values. Professionals working with BYMOC genuinely want to help; for most of those we talked with this was a core motivation for going into their field in the first place. In fact, for many it is a core part of their identity as individuals and professionals. By elevating and foregrounding their own values and motivations, messengers can help cue professionals to reflect on and elevate their desire to live up to their core values in their day-to-day work and in their interactions with the young people they serve – especially when they feel discouraged or burned out. Messages should remind providers how important they believe it is to help BYMOC feel supported as they navigate institutional systems. Practitioners also value teamwork, listening, being there for young people, understanding them at a deep level, making a difference in their lives, protecting them from harm, and helping them thrive. Messages can remind practitioners of the power of empathy and elevate other values that demonstrate the importance of connecting with one another, whether that is with other professionals or the young men they are serving.

Show connections between youth and professionals. Seeing and hearing from young people who have been harmed by actions large and small in school, health care settings, in community, and in youth organizations helps to reignite for many the motivations that initially drove them to their work. However, when sharing young men’s stories, share the struggles the youth experienced as background and focus on the interactions and the actions of professionals that had an impact on their lives. Messages that demonstrate connections between BYMOC and these professionals as well as the mentorship qualities of those relationships reinvigorate and inspire practitioners.

Describe the journey of professional change.

Many professionals are feeling overwhelmed or discouraged, and many have few real-world examples of success or trauma informed care to remind them that their work matters. By telling stories that model the change we want to see, we can meet audiences where they are and move them along a continuum of change. One way to do this is by telling stories of professional journeys that you or others have taken in your own professional life. Journey stories might include starting at points of hopelessness or discouragement but, importantly, after some action or realization, move towards professional growth and change. The turning point experiences that lead to change can be as straightforward as: ‘I went to a training and learned...’, or ‘I talked to an older colleague and realized...’, or ‘a young person once told me...’. Journey stories instill hope in audiences because they reinforce the notion that change is possible, even in the limited context of one person in an organization.

Share stories of success with concrete examples.

Hope is a powerful motivator. We need to show professionals that success is possible. Messages that include concrete examples of programs that are successful helped to ignite hope, interest, and hunger for learning more. Stories of hope inspire practitioners to further develop their skills and improve their practice. Even simple demonstrations make a difference: when we tested posters that suggested there was a website or resource people could visit, many practitioners in the focus groups were excited when they recognized that there could be concrete actions or steps they could take immediately as well as find help for longer-term ongoing professional development that could help them make a difference with BYMOC.

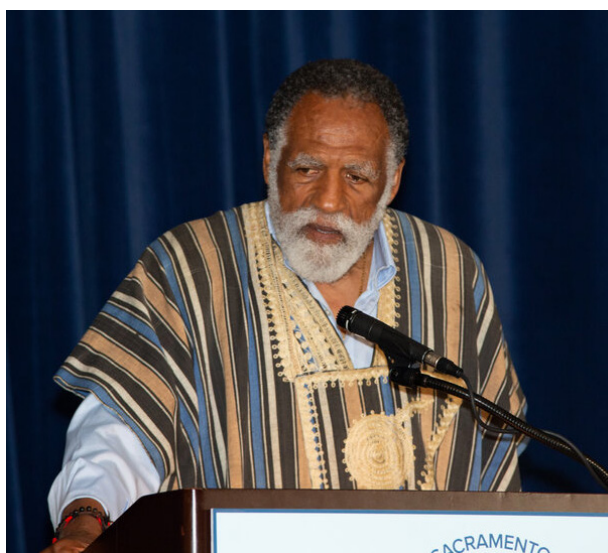


Image from 2019 Healing Justice Alliance Conference.
Photo courtesy of The Health Alliance for Violence Intervention

“ Messages can remind practitioners of the power of empathy and elevate other values that demonstrate the importance of connecting with one another, whether that is with other professionals or the young men they are serving.”

Adjust expectations about impact. Many professionals believe that if they don't see the positive impact of their work, then it did not happen. This experience of feeling that they could not help specific children at certain points in their career fosters a strong belief that some young people simply can't be helped or that a young person cannot be helped unless they "really want it." Their frustration, in some ways, gets explained by blaming the victim.

Therefore, it is important to reframe expectations by emphasizing that change takes time, that small interactions can make a difference, that they are already doing this, and that even if they do not always personally see the outcome of their work, it is happening. By adjusting these expectations, we can remind professionals that they can also have an impact regardless of their own race or gender.

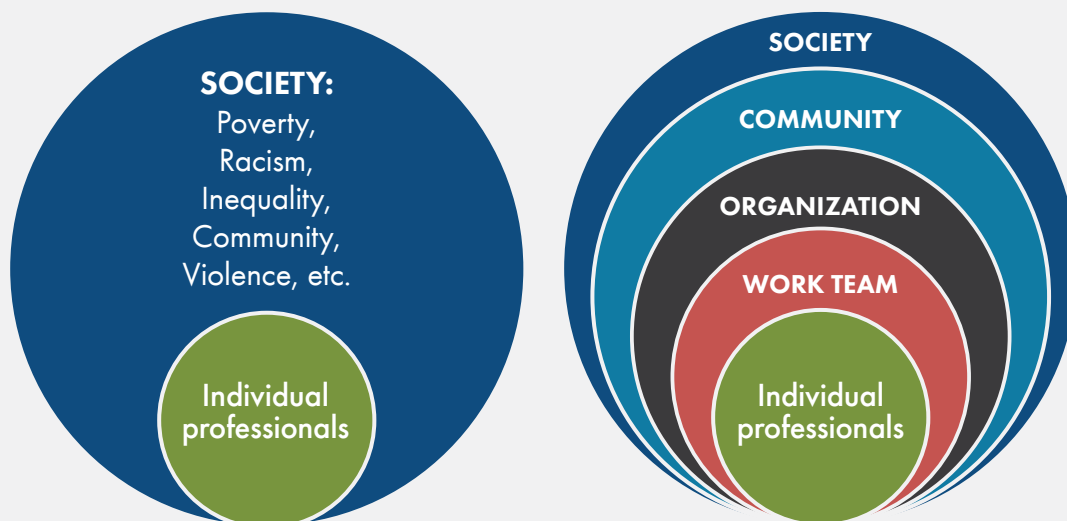
Reframe the sphere of influence. Most professionals who work in these spaces tend to view the "problems" facing boys and young men of color as big, systemic, and beyond their control.

To avoid this all-or-nothing mentality, we can remind professionals that they can have an influence in their local settings—on their work teams, in their organization— and that influence can make a difference and change systems. Showing professionals that collective action can have an impact can be a helpful way to reframe what they can do to change the way BYMOC are treated. Messages should focus on what can be done in the local context and avoid blanket statements such as: "all professionals have a duty to ensure all boys get the care they need."

Describe why race matters. Many participants were very anxious about race and racism and were reluctant to acknowledge it or talk about it. However, we know that structural racism undergirds violence and the trauma our participants experience. While we will not be able to resolve all the tension that this conversation elicits we have recommendations to address our focus on boys and young men of color. For White professionals, it can be helpful and reduce defensiveness to hear how other White professionals have grappled with this dynamic as part of their professional journey described above. For professionals of color who felt White professionals "over focused" on race, it would be helpful to explain why it is being mentioned. For example: "We all know race makes a difference in the way our youth are treated," or "The reality is that Black and Brown kids are treated differently. That's why in our program we are..."

Name your audience. It is important to specifically identify who your audience is because some professionals felt that they are already doing enough and had the perception that "others" need to change, not themselves.

Figure 3: Reframe The Sphere of Influence



“ Stories of hope inspire practitioners to further develop their skills and improve their practice. ”

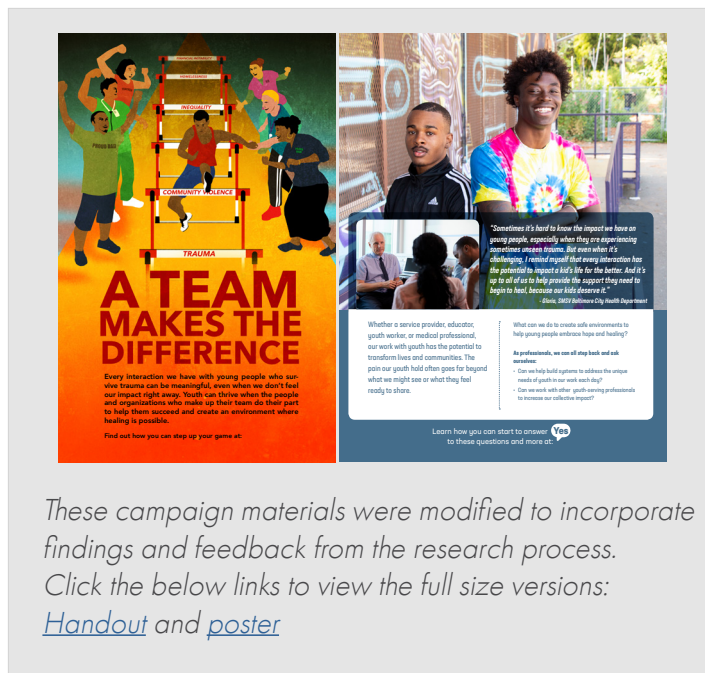
Thus, our messages need to be clear about who the material is for by naming the professions and types of workplaces. We need to make sure our target audience is able to see themselves being addressed in our communications and materials.

Use plain language. Some of the language we use is still not accessible to everyone. For example, while people often talked about the experience of working in their own field with a little connection to other professionals across fields, they weren't familiar with jargon like “silos,” or some acronyms. Therefore, do not assume that audiences know, understand, or use movement terminology, including trauma-informed care, silos, ACES or other seemingly common terms or acronyms that we use daily in our work. Even among ourselves, when we describe what we mean instead of using labels we are usually clearer and more precise which makes it easier for more audiences to see what we mean.

CAMPAIGN MATERIALS: HOW CAN WE CONVEY OUR MESSAGE?

With the goal of developing concrete usable public education campaign materials, the Wonder design team put together a poster and a handout for testing, and ultimately for the SMSV sites to use as part of their public education efforts.

The handout was designed to motivate professionals to reflect on whether their organization's and their own approach was conducive to support the healing of boys and young men of color. The poster was intended to model and inspire professionals to work across fields and professions and see themselves as part of a team of support for BYMOC. These materials underwent a series of modifications informed by each phase of the research including feedback from participants in the focus groups as well as the workgroup members. Some of these revisions and modification were meant to improve simplicity, tone, and clarity, and we incorporated our findings in the following ways.



These campaign materials were modified to incorporate findings and feedback from the research process. Click the below links to view the full size versions: [Handout](#) and [poster](#)

The materials:

- Highlighted images that reflect the target audience we are trying to reach—professionals and the BYMOC they serve—to keep the focus on the role of the providers and illustrate them working as a team to support young men;
- Removed blanket statements such as “to *truly* foster healing of *all* young people we need to address trauma and resilience in *every* interaction at *every* level of our institutions”, “A team makes *all* the difference” and replaced them with language that was more forgiving: “our work has the *potential* to transform lives” and “A team makes the difference”;
- Avoided raising unrealistic expectations by stating “sometimes it is hard to know the impact” and “even when we do not feel the impact right away”; and
- Removed jargon.

CAMPAIGN TACTICS

There are many ways the HJA network and others can disseminate these messages, using these materials or creating others, so we all can work together to change the narrative around male survivors of violence. When using these materials, it is important to further narrow our audience to accommodate to different contexts. For example, programs that are embedded in big organizations, such as hospitals, may not need to step too far from their program. Their target audience might be staff in a different department of the organization or medical students, for example.

“ For white professionals, it can be helpful and reduce defensiveness to hear how other White professionals have grappled with this dynamic as part of their professional journey... ”

Additional communication tactics include writing and submitting opinion pieces such as op-eds and letters to the editor to local newspapers, or even pitching stories to outlets that those working with BYMOC are likely to see. These pieces can be helpful in highlighting the programs that we know are effective and instill hope by helping our audiences see there are solutions and successful programs making a difference in the lives of BYMOC who have experienced violence.

One unexpected but important result of our research activities was to see professionals become re-energized and inspired by the conversations we had. Participants in the interviews and focus groups reported that having the opportunity to step back and reflect on their work, the challenges they face providing services and the challenges young men of color face living in a violent world was helpful in analyzing their own approach and exploring ways they can do better. We believe that fostering environments, such as forums with guided discussions, in which professionals can come together and learn from one another can be a fruitful mechanism for changing their perspectives about Black and Brown young men who have experienced violence.

The need to step back and reflect:

"I've definitely found myself noticing boys and young men of color more while I'm out walking around my community. Have been thinking a lot about what their experiences may be like. I have also been reflecting on the lives of my clients and former clients more than I usually do." – White healthcare provider, Brooklyn

CONCLUSION

Narrative change takes time and is hard to measure. With this project we were able to understand more clearly the cultural and psychological factors—including lived experiences, emotions, identity, values, and beliefs—that cause practitioners who work with BYMOC in the aftermath of violence and trauma, who seem otherwise

predisposed to support getting kids the care they need, to fall short at times. Identifying the professionals with the potential to be “innovators” and “early adopters” who we know care deeply about the wellbeing of boys and young men of color is the first step towards changing the narrative. The research revealed pathways for encouraging reflection and ultimately attitude, behavior, and systems changes so professionals can do their best work, the good they intended to do in the world and why they came to the profession in the first place.

As we apply these findings in our communications, we are taking necessary steps to educate health care and youth serving professionals about how they can more effectively support the healing of boys and young men of color, and change the story about how we, as a society, care for each other.

BEYOND A PUBLIC EDUCATION CAMPAIGN AND TOWARDS RACIAL EQUITY

A public education may be the start of creating the support and momentum for the deeper organizational work needed to advance racial justice. Building spaces for continued discussions around race, racism and racial justice, and creating organizational supports for change is also an important part of the work. What is promising is that there are a growing number of tools and organizational examples of working through these challenges, building organizational capacity to have honest and important conversations about racial equity, and shifting organizational practices and policies, all of which are important foundations for being able to speak about racial equity more effectively in internal and external communications. The [Government Alliance on Race and Equity](#) provides numerous toolkits and examples that can help show that providers working with youth are not alone with grappling with these issues or wanting to change them. In the communications field, several resources provide recommendations for how to communicate about the issues we care about, including violence, while ensuring we talk about racial equity. [The Race/Class Narrative Project](#), [You Can Get There From Here...; Talking the Walk: A Communications Guide for Racial Justice](#); [Fair Game: A Strategy Guide for Racial Justice Communications in the Obama Era](#); [Systems Thinking And Race: Workshop Summary](#); and [Levels of Racism: A Theoretic Framework and a Gardener's Tale](#) are all helpful resources.

THANK YOU

Special thanks to the following practitioners and programs who contributed to the content of this brief:

Rebekah Orr, Senior Research Director, and Alana Black, Research Associate, Goodwin Simon Strategic Research

Goodwin Simon Strategic Research has tremendous expertise in providing qualitative and quantitative research and strategic advice related to message development, public education, and political and legislative campaigns on a number of seemingly intractable political and social issues and challenges. GSSR has worked extensively on efforts to elevate the voices and experiences of marginalized communities in ways that help to facilitate positive social and behavioral change

Marrion Johnson, Communications Strategist, and Meredith Fenton, Senior Strategist, Wonder Strategies for Good

Wonder Strategies for Good is a network of experts in messaging, storytelling, psychology and strategic opinion research. Wonder strategists and collaborators have a long history of working on racial justice and racial equity issues. Wonder strategists have also helped to put the health and success of young men of color on the radar screen of philanthropists and policymakers.

Participants of the Public Education Campaign workgroup

The workgroup participants met on a monthly basis throughout the duration of the project (July 2018 – November 2019). Participants input was invaluable. they reviewed materials, provided guidance, feedback, and insights, and some attended the focus groups in person. Carla Waite, James Johnson, Peter Pollard, Casey Chanton, Gloria Marfo, Julie Burr, Curtis Santos, Carlos Torres, Chris Cooper, Kevin Stewart, Stephen Dacey, Nephateri Hill, Brandi May, Shawn Deverteuil, Robert Washington, Kenton Kirby, Sarah Emmert, Maria LaPointe, David Wiley, Yeymi Mujo, and Molly Pilloton.



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

ABOUT THE SERIES

The Healing Justice Alliance

The [Healing Justice Alliance](#) is a partnership between Youth ALIVE!, Cure Violence, the National Network of Hospital Based Violence Intervention Programs (NNHVIP) 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.

“ ...it is important to reframe expectations by emphasizing that change takes time, that small interactions can make a difference, that they are already doing this, and that even if they do not always personally see the outcome of their work, it is happening. ”

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.**

A TEAM MAKES THE DIFFERENCE

Every interaction we have with young people who survive trauma can be meaningful, even when we don't feel our impact right away. Youth can thrive when the people and organizations who make up their team do their part to help them succeed and create an environment where healing is possible.

Find out how you can step up your game at:

"Sometimes it's hard to know the impact we have on young people, especially when they are experiencing sometimes unseen trauma. But even when it's challenging, I remind myself that every interaction has the potential to impact a kid's life for the better. And it's up to all of us to help provide the support they need to begin to heal, because our kids deserve it."

- Gloria, SMSV Baltimore City Health Department

Whether a service provider, educator, youth worker, or medical professional, our work with youth has the potential to transform lives and communities. The pain our youth hold often goes far beyond what we might see or what they feel ready to share.

What can we do to create safe environments to help young people embrace hope and healing?

As professionals, we can all step back and ask ourselves:

- Can we help build systems to address the unique needs of youth in our work each day?
- Can we work with other youth-serving professionals to increase our collective impact?

Learn how you can start to answer **Yes** to these questions and more at:

THANK YOU FOR READING!

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

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