

## **Episode 205—Dr. Joseph Richardson and Dr. Christopher St. Vil: Who Shot Ya? A Novel Hospital-Based Violence Intervention Program**

[00:00:08] Welcome to inSocialWork, the podcast series of the University at Buffalo School of Social Work at [www.inSocialWork.org](http://www.inSocialWork.org). We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and to promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:38] Hello I'm Charles Syms, your host for inSocialWork. Hospital-based violence intervention programs had become an important response to proactively addressing the results of violent confrontations that subsequently arrive at hospital emergency rooms. In developing one of these unique programs our guest for this podcast discussed their use of a longitudinal ethnographic study of young black men admitted to hospital for treatment of violent injury. The aim is simple: prevent re-injury. Joseph Richardson Ph.D. is an associate professor in the Department of African-American studies at the University of Maryland at College Park. He is also codirector of the Capital Region Violence Intervention Program. Christopher St. Vil has a Ph.D. and MSW. He is currently an assistant professor at the University at Buffalo School of Social Work. In this podcast doctors Richardson and St. Vil discuss their work and trying to better understand this public health challenge that has particular impact on young black men living in urban environments. In the discussion our guests will review two important components of this work. First they describe the emerging Capital Region Violence Intervention Program at Prince George's Hospital in Maryland. The mission of the program is to prevent behavior that leads to reinjury and also to reduce criminal activity. Here they report some findings from the initially mentioned study. Those findings will be used to help them better understand the experiences of those survivors and can be essential to developing responsive programming. Secondly our guest report on research that they have conducted to better understand the non-fatal use of force by police. This research was especially timely as in late 2015 the U.S. Department of Justice published a review, their first on this subject. From their research, Doctors Richardson and St. Vil make specific recommendations for how, and more importantly why, collecting and interpreting this information is important for program and policy development. Dr. Richardson and Dr. St. Vil were interviewed in November of 2016 by Steven Schwartz. Finally, we would like to apologize in advance. You will find that this episode contains some distortion due to difficulties beyond our control.

[00:03:34] Today we have with us two distinguish speakers, colleagues Dr. Joseph Richardson, who is an associate professor at the University of Maryland and is involved in a Violence Intervention Research Project that he'll talk about. And one of his collaborators here at the State University in New York and Buffalo School Social Work system, Professor Dr. Chris St. Vil. So welcome to you both.

[00:03:59] Thank you.

[00:04:01] Thanks for having me.

[00:04:02] Well, collaborations are common but unusual to talk about. And we're going to talk today about a novel hospital-based violence intervention program which youth creatively titled Who Shot You. So the first question that I had for you is how did the two of you meet and begin your collaboration? Joe?

[00:04:20] Christian and I met while doing grad interviews. But we actually became a research team in 2013 when I initiated a study of Prince George's Hospital Trauma Center which is the busiest level 2 trauma center in the United States, serving roughly 700 victims of violent a year. We started to collaborate to do a longitudinal study, ethnographic study over a two year period where we

followed 25 young black men between the ages of 18 and 34 who were treated by Prince George's Hospital trauma while it was gunshot wounds, stab or saw. So we approached all 25 young men at bedside and recruited them and from that point after we received consent we conducted three waves of interviews over that two year period as well as discipline observation in a hospital and outside of the hospital on their life and how they would be feeling and coping with their injury.

[00:05:22] So that was the basic for your research and risk factors that contributed to repeat violent injury. Because of what you saw in the hospitals. And was it this study combined with some of the headlines both at that time and current headlines around police violence that helped fuel your interest in the study as well I understand.

[00:05:41] Exactly. So at time there was a significant number of high profile cases where the police were involved in shootings and we were really interested in the non-fatal side of police involved shooting because there hasn't been any data collected by the Department of Justice on non-fatal police involved shooting in the Department of Justice database. And so as part of a fight they decided to take that segment of research and focus on on that aspect of our data collection.

[00:06:15] But what I found really most interesting is that you needed data in order to develop a theory you didn't go in with a theory and then found data to match it. And that's a position which has a lot of integrity, trying to develop the data that would then allow you to generate a theory. But you've described the problem in a lot of different ways not just including the lack of police data. What other issues are there related to the problem of police related shootings?

[00:06:42] The lack of data is the number one issue but it's also in the way that the data is recorded, so up until October 2015 the hospitals record all injuries encoding on something called the ICD. At the time I believe now the ICD-10. And affective in October 2015 for the ICD-10 included coding for law enforcement related injuries. And so prior to that hospital were unable to code for that when there were different injuries or mental health disorders or physical disorders or physical problems they were unable to record for that either. October 2015 the ICD-10 codes for trauma staff and hospital staff to document police involved fatalities or police involved injuries. So there is a mechanism now that hospitals can use nationally in a uniform standardized way where they can now record how many people are coming into the hospital who are suffering from injuries that were inflicted by law enforcement.

[00:07:52] Chris, I understand that just before the publication of your research the U.S. Department of Justice in November 2015 published the first description of police use of non-fatal force between the years 2000 to 2011. So for the first time there was some data behind you anyway. Could you describe what some of their findings were and how it confirmed or didn't confirm what your suspicions were?

[00:08:22] Yeah absolutely. So the Bureau of Justice Statistics took steps toward developing our police public context survey in 1995 and so they collected data every three years. Beginning in 1996 and they stop collecting data in 2011. However this is the first report from that data that we know of that came out a month before our publication came out in November 2015. Well let me say that that data started being collected in 1996 with the only report from 2000 to 2011. So there's the years 1996 and 98 that they don't talk about. And so the findings pretty much kind of confirms some of the suspicions that many people in the public have. So for example whites had a higher rate of police contact than blacks and Hispanics, black experience non-fatal violence at a higher rate than both whites and Hispanics. It's beginning to confirm our suspicion but once again this is national data that's accumulated by the National Crime Victimization Survey. These are initial steps that the government had taken we're very happy about that this initial data showed that blacks do experience non-fatal violence at higher rates. And so this is just the beginning and hopefully they'll continue to

collect this data.

[00:09:32] Do you think you can get access to any of the data since 2011 prior to the publication?

[00:09:38] This data is public access data, so yes. Researchers should be able to get public used to the ICPSR network. Absolutely.

[00:09:46] This fills in a major gap you identified the problem of lack of data. Now you've got it now. You've talked about the difficulties in emergency rooms. It's a place that you've described that the personnel there are really focused on caring for the individual and their injury and have felt at some points uncomfortable about asking information that related to what the cause of the violence was particularly if it had to do with police related shooting. But Joe could you describe your hospital based violence intervention program and how that's been a link between what used to be the standard kind of medical care and being able to take care of patients now to get information about the source of their violence?

[00:10:30] Sure. So there is a national network of hospital violence intervention programs that I think are roughly 35 or 36 programs that are around the country and they're situated in level one and level two trauma units and they provide psychological as well as social services to prevent trauma recidivism, and that's defined as being hospitalized two or more times for violent injuries. And so the national rate for trauma recidivism, the range is anywhere between 10 and 60 percent with an average of 45 percent. And so in our small study we conducted at Prince George's Hospital we had 25 young men in our sample and we had a trauma recidivism of 32 percent, which meant that one out of every three young men and half will have been hospitalized two or more time for a violent injury. And so there is an exorbitant cost that's associated with the return of young men coming back to the hospital, their healthcare cost and then also the social cost that they impose on society. And there is also the likelihood of increased mortality for every time that they're injured. So there have been studies that have been conducted which is that for every injury a young person suffers the likelihood of surviving the next injury decreases. Our primary goal was data to inform the development of our emerging hospital violence intervention program, which is Capital Region Violence Intervention Program or Prince George's Hospital Trauma to provide psychosocial services to young men who have been violently injured in order to prevent them from coming back to a hospital for similar kind of injury. And we also are targeting criminal recidivism as well because what we're finding here is that one of the most significant predictors of trauma recidivism is a history of incarceration. And so what we want to do simultaneously is reduce trauma recidivism and criminal recidivism as well.

[00:12:33] You spent a lot of time interviewing emergency department trauma staff. But what were the kinds of challenges that you identified in talking to these emergency department staff in helping them be able to get answers to the questions of Who Shot You?

[00:12:48] Well in our paper we dived into legal, logistical and attitudinal issues and a lot of them revolved around whether or not the hospital's job to collect that sort of data. Also the fact that they felt uncomfortable actually approaching law enforcement about asking those questions around those sort of issues. But now with the inclusion of legal intervention into the ICD-10, now that makes it standardized and they circumvents all of the legal ethical logistical and attitudinal issues that we cited in our paper that was published in December.

[00:13:18] What exactly is the category and the ICD 10 where they would report police related shooting?

[00:13:25] In ICD-10 it's called the external causes of morbidity. That's going to be called V 00

through Y 99. Those are called the external quote of the morbidity and within that you have codes Y 35 to Y 38, which talk about the legal intervention. Operations of war, military options and terrorism will be under legal intervention. We're a medical professional site. Whether someone had come in and were injured through law enforcement and that reporting will include injury to law enforcement officials as well as suspects and bystanders. So they collect that data for all three of those units.

[00:13:59] Oh so it's both bystanders law enforcement officials and any of the supposed perpetrators of whatever the crime was.

[00:14:08] Exactly.

[00:14:09] So it's a fair standard. Well that's good.

[00:14:11] Yes.

[00:14:12] In the past we've talked about some of your recommendations and it turns out that what you recommended at least came to bear particularly on being able to collect standardized data about police involving shootings. I understand that it's required. Do you know if the hospitals have already started recording this? Do you have any experience in Maryland or in here?

[00:14:32] That we have to follow up on, right? The fact that they included these indicators in the ICD-10 makes this now a standardized measure across all hospitals who use the ICD-10. So because it's standardized, now it takes a follow up to see how they're being directed to what the quality of the data is.

[00:14:49] In the past you've also recommended that there be federal mandates that collect data and tie the mandates to funding for law enforcement agencies. Will this have solved that or do you still think that there ought to be an incentive for law enforcement agencies to do their reporting as well?

[00:15:04] Definitely. So historically law enforcement agencies differ in the rate in the way that they've provided information. Some law enforcement provided some information some didn't. So what we need is consistent participation from law enforcement agencies to provide this information. And, well, just recently in the article printed in the USC Day in October 13th Loretta Lynch came out basically saying that the federal government is going to be launching a pilot program to collect data on police involved shootings which is going to start in early 2017. What we do know is that the government has had initiatives that required this before. For example they had the Death in Custody Reporting Act of 2000. Prior to that there was another mandate truth called the Violent Crime Control and Law Enforcement Act of 1994 where there was another mandate that required the collection of this data. That also required the attorney general to collect data from law enforcement agencies. So now this new mandate from Loretta Lynch that she talked about on October 13th in the paper, that's the result of the Death in Custody Reporting Act of 2014. So these last two acts required law enforcement to provide information that they didn't. They did it whenever they felt like doing it or gave the kind of information they wanted to give. So we do believe that penalizing law enforcement agencies by withholding federal funding will get them to start reporting this information. But at the same token we also do believe that law enforcement agencies should be provided with funding to collect this data because once again law enforcement agencies on average have about 10 police officers to a precinct. So they need help being able to collect this data in a reliable and efficient way, so we think the funding, they need the funding to collect the data. But at the same time if they get the funding to collect that data and then they're not really corresponding with the requirements of the data they need to provide then they need to be penalized by having their funding withheld.

[00:16:54] You would advocate for incentivizing them to do the right thing.

[00:16:58] Absolutely.

[00:16:59] That make sense.

[00:17:00] And also the way it works out better for them because it's a more transparent process. Right? It makes them more transparent so the public that the police departments want to control its use of force, that they're being proactive and also it will help the department that was better training program for the police officers that may be a little overzealous when they encounter citizens in the community.

[00:17:19] It would also provide a way of comparing the hospital data against the police data. And so we would be able to determine the accuracy of the data and the accuracy of the recording by having often sources of documented police-involved shootings. So we not only rely more on police departments to record the data but we would also have an alternative source of data collection which would be the hospital and we could compare the two and we cited in our paper that in the UK when they compared hospitals and police documenting violence, the hospital recorded 25 to 50 percent more. So this is also a way to triangulate the data in the way we could confirm whether the police data is accurate with the data we're capturing in the hospital.

[00:18:08] And you've also made the point that doctors and nurses can sometimes do what researchers can't do and so you're using those as allies in order to collect the data and the check. I mean I think it's a real methodological advance and now has been codified by requirements that they actually do the reporting and I think that will be interesting. Did you get any responses to your published study that you wanted to talk about?

[00:18:34] We did. The article was picked up by NPR Heart and National Stream and there has been a lot of debate about it. We're really glad that at the time the article was published the publishing process kind of flagged the high intent coming out and over 2015 we were unable to include that in our paper. But it's great to see that now the ICD-10 includes coding for legal intervention and injury by legal intervention. So I think if anything positive has really come out of it that we had the article picked up by NPR and now that work is kind of translated into standardized and uniformed way of a hospital to collect this kind of data.

[00:19:16] One of the original recommendations was the need for data collection that seems to be going. And now the new one has to do with reconciling the requirement that criminal justice record as well as hospital, so you have a way to double check and to verify whether the English experience is happening here as well. Are there next steps that you want to pursue or advice to people in the community, clinicians researchers teachers about the issue of police related violence and black males?

[00:19:48] Well one we're really excited about the announcement by Loretta Lynch that they are going to be implementing measures to collect this data in early 2017. I hope that the Bureau of Justice Statistics continues to collect data on police public contact survey. Unfortunately the stopped collecting data in 2011 and this data that was published in November 2015 right before our article was based on that data from 2002 to 2011. It's confirmed a suspicion that people had, you know, that there was a racial bias here going on. When you look at that data also there is like an intersection between race, age and geographic area. So with young black males between the ages of 16 and 25 who live in urban areas who are disproportionately affected by non-fatal police force, okay? And so we're hoping that the Bureau of Justice Statistics continues to collect data on using

the police public contacts survey so that they can continue to inform the public about this issue and that hopefully they hold them accountable to continue to provide this data so that at the end of the day we can get a better picture of what's really going on.

[00:20:54] You've identified the highest risk group by what you just said and maybe there's some opportunities for early intervention in this group consistent with some of what your original research ideas were.

[00:21:05] Absolutely well the interventions are going to be based on the data that we collect. And so now that we're beginning to collect data, change inside cities tend to be great start for hospitals. So once again hospitals are an alternative source to collect this data. We still believe that Loretta Lynch and the Justice Department will come up with their data gathering ways. We're waiting for that to happen right 2017, she said it can happen early 2017. Then we're going to have sources the data from the hospital and from the federal government that's going to provide a much much clearer picture of how this violence is playing out and who it's affecting.

[00:21:38] Do you have any kind of last words for our listeners? Joe?

[00:21:41] My only concern is that there's still no federal mandate that all law enforcement agencies must report. It's still going to be incentivized, but as Chris mentioned, whether there incentives a strong enough for law enforcement agencies to do it, that's going to be the key in this whole equation of whether the incentives are persuasive enough to convince law enforcement agencies to submit this kind of data. I hope that they do, but we will wait and see. But I think where we're at a good place.

[00:22:17] Chris, do you have any final words?

[00:22:20] I mean that's it. We're really happy that in the direction that we're going in terms of collecting this data and once again, now that we have some of the baseline to begin to look at patterns at a national level to see that this is a problem. Now this should begin to drive interventions, but we're hoping that it goes on no place but up from this point on.

[00:22:37] I'm going to quote your last sentence from the research which I thought was very prophetic. Now answering the question Who Shot You is the first step toward addressing how the health sector and law enforcement can work together to improve the health of the individuals and communities they have taken an oath to protect and serve. And I know that we'll hear from you again and I appreciate both of you taking your time in two different places to talk to us today. Thank you again.

[00:23:05] Thank you.

[00:23:08] You have been listening to Dr. Joseph Richardson and Dr. Christopher St. Vil discussing their research in understanding non-fatal violent injury in young black men as well as implications for program and policy. I'm your host Charles Syms. We hope you will join us again for another episode at inSocialWork.

[00:23:38] Hi I'm Nancy Smyth Professor and Dean of the University at Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school, our history, our online and on the ground degree and continuing educational programs we invite you to visit our website at [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu). And while you're there check out our technology and social work resource center. You'll find it under the Community Resources menu.

