

Violent Reinjury and Mortality Among Youth Seeking Emergency Department Care for Assault-Related Injury

A Two-Year Prospective Cohort Study

Publication Brief

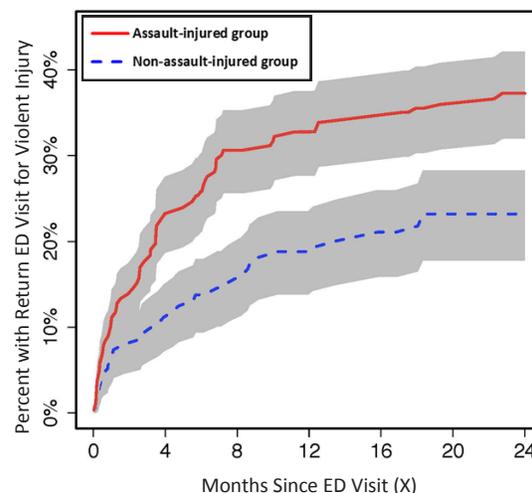
Purpose Assess the prevalence of violent injury and fatality between two samples of drug-using youth seeking care at an emergency department (ED).

Background Violence is a leading cause of injury and death among youth in the U.S. However, there is limited research on the prevalence of reinjury of violently injured patients seeking care in the ED, most of whom are not admitted. Also, the majority of the data is retrospective and lacks a true comparison group.

Methods The prospective study compared two groups of drug-using youth aged 14 to 24 presenting to an urban-based ED: an assault-injured group compared with a non-assault-injured group. For each assault-injured patient enrolled in the study, a non-assault-injured patient matched by gender and age range was enrolled as a comparison. At baseline, all enrolled subjects completed a self-administered survey and were interviewed. Data on the ED baseline visit and recidivism was collected from medical chart reviews and follow-up assessments occurred at 6, 12, 18, and 24 months.

Key Findings

- The cumulative frequency of time to a return ED visit or death for an assault-related injury by baseline cohort (assault-injured group vs. non-assault-injured group — see figure).
- More than one-third (36.7%) of the assault-injured group returned to the ED seeking care for another violent injury within two years of the index visit; a rate nearly twice that of the non-assault-injured comparison group.
- Assault-related injury at the baseline ED visit, post-traumatic stress disorder (PTSD) symptoms (in the past month), drug use disorder, and female sex predicted use of ED services for assault within 24 months.



Implications

These findings indicate that violent injury is a reoccurring disease for youth, with the highest risk of reinjury during the first 6 months after the index visit. This suggests interventions may be most effective if delivered during this period of heightened risk.

Incorporating post-traumatic stress disorder and substance use treatment as a component of violence prevention interventions may be a strategy for future research studies to explore.

Citation

Cunningham RM, Carter PM, Ranney M, et al. Violent reinjury and mortality among youth seeking emergency department care for assault-related injury. *JAMA Pediatrics*. 2015;169(1):63. doi:10.1001/jamapediatrics.2014.1900.