

Youth Violence

SafERteens—Emergency Department Intervention to Reduce Youth Violence & Alcohol Use

Michigan Statistics

In 2011, homicide was the second leading cause of death for young people aged 15 to 24.¹



The homicide rate for non-Hispanic black males, aged 15 to 24, was 33 times the homicide death rate for non-Hispanic white males.¹



SafERteens program implementation materials are currently in the development phase.

Data Sources:

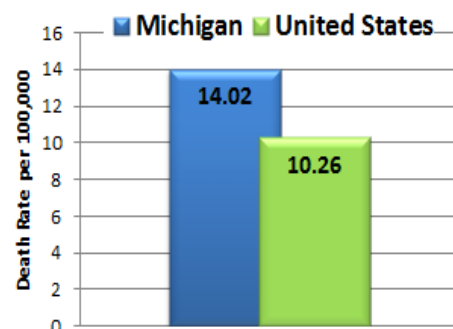
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System.
- Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network.

What Is the Problem?

United States Statistics:

- In 2011, homicide was the third leading cause of death for people aged 15 to 24.¹
- In 2012, nearly 600,000 youth aged 10 to 24 received treatment at emergency departments (EDs) for non-fatal physical assault-related injuries.¹
- In 2010, alcohol-related injuries accounted for nearly 189,000 ED visits by young people (under 21 years).²
- Youth homicides and nonfatal assault-related injuries cost the U.S. about \$17.5 billion in combined medical and work loss costs each year.¹

Homicide Injury Death Rates per 100,000, All Races, Both Sexes, 15-24 Years, 2011¹



What Is One Solution?

The SafERteens program is a brief intervention aimed at reducing and preventing violence and alcohol use among urban youth engaged in youth violence and alcohol use. In 2006, SafERteens, a randomized controlled trial, was implemented at the Level 1 Trauma Center, Hurley Medical Center, in Flint, MI. Patients aged 14 to 18 who presented to the Hurley ED for any medical illness or injury were screened to participate. Study participants that self-reported both past-year alcohol use and aggression (not victimization) were enrolled.^a

Program Components

SafERteens evaluated the efficacy of two methods to deliver brief interventions addressing youth violence and alcohol use among adolescents in an urban-based ED: a therapist brief intervention (TBI) and a computer brief intervention (CBI). Both incorporated Motivational Interviewing techniques that increase problem recognition, motivation, and self-efficacy. Interventions included tailored feedback for alcohol use, violence, and weapon carriage as well as decisional balance exercises and role plays. The interventions are culturally relevant for the population and include normative resetting, alcohol refusal techniques, conflict resolution, and anger management skills.^b

Evidence of Effectiveness

Overall, findings were that:

- At the three-month follow-up, TBI participants were significantly less likely to report any severe peer aggression, incidences of peer violence, and violence consequences than controls.^a
- At six months, TBI and CBI participants reported reductions in alcohol-related consequences.^a
- At 12 months, TBI participants showed significant reductions in the prevalence of their peer aggression and peer victimization.^c
- Estimated annual costs of SafERteens in an ED would be \$71,784; 4,208 violent events could be prevented, costing \$17.06 per event averted—less than the cost of placing an IV.^d

References

- Walton MA, Chermack ST, Shope JT, et al. Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: A randomized controlled trial. *JAMA*. 2010;304(5):527-535.
- Cunningham RM, Walton MA, Goldstein A, et al. Three-month Follow-up of brief computerized and therapist interventions for alcohol and violence among teens. *Acad Emerg Med*. 2009;16(11):1193-1207.
- Cunningham RM, Chermack ST, Zimmerman MA, et al. Brief motivational interviewing intervention for peer violence and alcohol use in teens: One-year follow-up. *Pediatrics*. 2012;129(6):1083-1090.
- Sharp AL, Prosser LA, Walton M, et al. Cost analysis of youth violence prevention. *Pediatrics*. 2014;133(3):448-453.
- Cunningham RM, Whiteside LK, Chermack ST, et al. Dating violence: Outcomes following a brief motivational interviewing intervention among at-risk adolescents in an urban emergency department. *Acad Emerg Med*. 2013;20(6):562-569.