Welcome to the Poster Session on Violence

https://injurycenter.umich.edu/research-symposium-2020/
Feasibility and Acceptability of a Smartphone APP to Assess Daily Firearm Behaviors among an Urban Emergency Department Sample Jennifer Conley, MPH, University of Michigan

Highlighting The Burden Of Firearm Injuries: A Trend Of Gun Violence In Southeastern Pennsylvania Sirivan Seng, MD, Department of Surgery, Crozer Keystone Health System, Upland, PA

Physical Intimate Partner Violence Perpetration and Victimization Among a Nationally-Representative Sample of Young Men: Prevalence and Correlates Vijay Singh, MD MPH MS, University of Michigan Medical School; University of Michigan Injury Prevention Center

Intimate Partner Violence and Economic Insecurity During the Covid-19 Crisis Lisa Fedina, PhD, U-M School of Social Work

Perceptions of School Safety in Middle School: The Role of Social Support Nicole Brass, MS, Combined Program in Education and Psychology, University of Michigan

The Relationship Between Sexuality Education and the Perpetration of Sexual Violence Allison Thompson, Department of Health Behavior and Health Education, School of Public Health, University of Michigan

Classroom Connection: Engaging Adolescents on Weapon Safety and Cyberbullying Prevention Yvonne Lee, BA, MS-4, & Ryan Rogers, MS-3, Oakland University William Beaumont School of Medicine

Correlates of Violence Among Youth in the Emergency Department Receiving M-Health Interventions Astha Patel, BA, University of Michigan Medicine, Injury Prevention Center

Implementation of Screening and Delivery of Violence Prevention Approaches for Adolescents in Primary Care: A Pilot Implementation Study Jessica Roche, MPH, University of Michigan Injury Prevention Center
Feasibility and Acceptability of a Smartphone APP to Assess Daily Substance Use and Firearm Behaviors among an Urban ED Sample

Conley J1,2, Wallace K1,2, Walton MA1,2,3,4, Cranford JA1, Zimmerman MA1,2,4,5, Resnicow K2, Webster D5, Cunningham RM1,2,4,5,6, Carter PM1,2,4

1University of Michigan Injury Center, UM School of Medicine; 2Department of Emergency Medicine, UM School of Medicine; 3Department of Psychiatry, UM School of Medicine; 4Youth Violence Prevention Center, UM School of Public Health; 5Department of Health Behavior and Health Education, UM School of Public Health; 6Health Policy and Management, Johns Hopkins University; 7Huron Medical Center

Background

- Firearm violence is the leading cause of death among youth between the ages of 16-24.
- We describe the feasibility and acceptability of the use of a smartphone APP to collect daily data among a high risk youth sample recruited from the ED.
- Emergency departments (EDs) are a key location for injury prevention efforts as youth intersect with the medical system at a potentially “teachable” moment of intervention.

Methods

Daily Assessments regarding a Number of Health Behaviors...

Results

Feasibility
- It was feasible to get youth to answer daily surveys
Usability
- 92% said APP was easy to use
Acceptability
- 92% said they were comfortable...

Conclusion

High study enrollment and acceptability rates suggest that smartphone APPs are a feasible and acceptable method for collecting ILDD on substance use and firearm behaviors among high-risk youth/EAs.
INTRODUCTION

• Firearm injury is a major public health concern. In 2017, 39,000 people were killed and in 2015, 200,000 people were injured in the United States.

• Our institution is located adjacent to a city that had a homicide rate of 92.31 per 100,000 population in 2018, an alarming contrast to the homicide rate for the United States at 4.96 per 100,000 population.

METHODS

• The objective of this study was to assess the current status of firearm-related injuries in Southeastern Pennsylvania.

• Retrospective review of a single Level 2 Pennsylvania Trauma Systems Foundation-accredited Trauma Center using the Pennsylvania Trauma Outcome Study Database from January 2009 to December 2019.

• Encatchment area encompassed Chester, Delaware, and Gloucester counties.

METHODS

• Our institution is located adjacent to a city that had a homicide rate of 92.31 per 100,000 population in 2018, an alarming contrast to the homicide rate for the United States at 4.96 per 100,000 population.

• The overall 11-year in-hospital mortality rate = 8.2%.

• When compared with patients with mild to moderate injuries (ISS<16), admitted patients with severe injuries (ISS≥16, n=190) that survived more than 24 hours had:
  - Higher rate of MTP activation = 41.6%.
  - Longer ICU (days [2, 9]) and hospital length of stay (11 days [6, 20]).

• The overal 11-year in-hospital mortality rate = 8.2%.

• Decreased from 14.3% (2009) to 7.5% (2019).

RESULTS

• The most common demographics were:
  - Race – African American (84.2%)
  - Gender – Male (90.2%)
  - Age – Median of 24 (20, 31)

• The overall median injury severity score (ISS) was 9 (4, 17).

• When compared with patients with mild to moderate injuries (ISS<16), admitted patients with severe injuries (ISS≥16, n=190) that survived more than 24 hours had:
  - Higher rate of MTP activation = 41.6%.
  - Longer ICU (days [2, 9]) and hospital length of stay (11 days [6, 20]).

• The overall 11-year in-hospital mortality rate = 8.2%.

• Decreased from 14.3% (2009) to 7.5% (2019).

CONCLUSIONS

• Limitations included selection bias inherent to retrospective studies.

• Our results indicate gun violence significantly affects young, African-American men.

• While mortality has shown a downward trend, the number of firearm injuries has increased in the past eleven years.

SIGNIFICANCE

• Hospital-based violence intervention programs are vital and should be pursued through affiliations with local organizations to decrease firearm-related violence.

REFERENCES


LOCATIONS OF FIREARM-RELATED INJURIES BY ZIPCODE

- Philadelphia
- New York City
- Chicago
- Los Angeles
- Houston
- Newark
- Detroit
- Dallas
- Cleveland
- Los Angeles

- Locations of Firearm-Related Injuries by Zipcode

- Data obtained from the Pennsylvania Trauma System's database.
Physical intimate partner violence perpetration and victimization among a nationally-representative sample of young men: prevalence and correlates

Vijay Singh MD MPH MS\(^1,2\), Tova Walsh PhD MSW\(^3\), Richard Tolman PhD MSW\(^4\), Quyen Ngo PhD LP\(^1,2\)

1. Department of Emergency Medicine, University of Michigan Medical School. 2. Injury Prevention Center, University of Michigan. 3. School of Social Work, University of Madison-Wisconsin. 4. School of Social Work, University of Michigan

BACKGROUND

- Few national studies assess male intimate partner violence (IPV) in categories of perpetration only, both perpetration and victimization, and victimization only.
- The purpose of this study is to determine prevalence and correlates of physical IPV perpetration only, both perpetration and victimization, and victimization only among a nationally-representative sample of young men.

METHODS

- A nationally-representative sample of 1,032 men aged 18-35 years completed surveys August-September 2014 with validated measures on demographics, children, smartphone use, health service use, substance use, and physical IPV perpetration and victimization.
- We conducted survey-weighted descriptive statistics to determine prevalence of physical IPV perpetration only, both perpetration and victimization, and victimization only.
- We performed survey-weighted multinomial logistic regression to examine associations of sample characteristics and physical IPV.

RESULTS

- Prevalence of physical IPV: perpetration only 2.5% (95% CI 1.5%-4.0%), both perpetration and victimization 16.7% (95% CI 13.9%-20.0%), victimization only 10.0% (95% CI 8.0%-12.5%), any perpetration 19.2% (95% CI 16.4%-22.8%), any victimization 27.0% (95% CI 23.7%-30.7%).

TABLE: Prevalence of sample characteristics, and Multinomial logistic regression of demographics, children, smartphone use, health service use, physical and mental health, substance use, and physical IPV categories, weighted to U.S. population (N=831)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Prevalence % or Mean (95% CI)</th>
<th>Multinomial logistic regression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% or Mean (95% CI)</td>
<td>IPV perpetration only, A.O.R. (95% CI)</td>
</tr>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>26.5 (26.2-27.0)</td>
<td>1.12* (1.00-1.25)</td>
</tr>
<tr>
<td>Non-White</td>
<td>42.4% (38.9%-46.9%)</td>
<td>1.30 (0.42-4.08)</td>
</tr>
<tr>
<td>Children: age 0-2 at home</td>
<td>0.08 (0.00-0.49)</td>
<td>0.48 (0.08-3.07)</td>
</tr>
<tr>
<td>Belief: children who don’t witness parental IPV are still harmed</td>
<td>2.3 (2.3-2.4)</td>
<td>1.03 (0.56-1.89)</td>
</tr>
<tr>
<td>Smartphone use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smartphone use for health-related activities</td>
<td>15.8% (15.5%-18.3%)</td>
<td>2.97* (1.05-8.38)</td>
</tr>
<tr>
<td>Health service use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular doctor for care</td>
<td>59.6% (55.7%-63.4%)</td>
<td>0.28* (0.11-0.76)</td>
</tr>
<tr>
<td>Mental healthcare visits</td>
<td>28.2% (24.9%-31.9%)</td>
<td>0.91 (0.31-2.85)</td>
</tr>
<tr>
<td>Self-reported physical health diagnoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic pain</td>
<td>3.4% (2.3%-5.1%)</td>
<td>5.51** (1.58-19.26)</td>
</tr>
<tr>
<td>No self-reported diagnoses</td>
<td>53.1% (49.2%-57.0%)</td>
<td>0.70 (0.24-2.06)</td>
</tr>
<tr>
<td>Mental health and substance use problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>0.82 (0.71-0.93)</td>
<td>1.23 (0.88-1.74)</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>3.6 (3.3-4.0)</td>
<td>1.02 (0.92-1.12)</td>
</tr>
<tr>
<td>Marijuana use</td>
<td>0.63 (0.51-0.75)</td>
<td>1.04 (0.80-1.35)</td>
</tr>
<tr>
<td>Prescription pain medication non-medical use</td>
<td>0.16 (0.10-0.22)</td>
<td>2.65** (1.76-3.99)</td>
</tr>
</tbody>
</table>

Notes: No IPV is multinomial logistic regression reference group. A.O.R. Adjusted Odds Ratio. C.I. Confidence Interval. *p<0.05 **p<0.01 ***p<0.001.

CONCLUSIONS

- In the U.S. among young men, physical IPV was reported by 1 in 40 for perpetration only, 1 in 6 for both perpetration and victimization, and 1 in 10 for victimization only.
- Correlates among the three IPV groups included children, smartphone use, health service use, physical health problems, alcohol misuse, and prescription opioid misuse.

INNOVATION & SIGNIFICANCE

- Healthcare providers in primary and mental health care can assess young men for physical IPV perpetration or victimization, and associated risk factors.

ACKNOWLEDGEMENTS

- Funding was provided by the Robert Wood Johnson Foundation and Veterans Affairs Clinical Scholars Program at the University of Michigan.
**Study Aims**

1. Identify sociodemographic correlates of economic insecurity induced by the Covid-19 crisis as it relates to food/nutrition, housing, phone/internet services, medical care, and disposable income.

2. Explore how IPV exposure is related to Covid-19 induced economic insecurities in food/nutrition, housing, phone/internet services, medical care, and disposable income, controlling for confounders (e.g., race, unemployment).

**Methods**

**Study Sample:** A cross-sectional online Qualtrics survey was administered to a general population sample of 1169 women and transgender/nonbinary individuals in the state of Michigan. Data were collected between June 26 and August 11, 2020 using Qualtrics Panels. Self-report, validated, behavioral and experiential screeners were used to assess past 6-month IPV exposure and five forms of economic insecurity experienced since the start of COVID-19.

**Data Analyses:** Bivariate statistics and multivariate logistic regressions were used to assess associations between sociodemographic factors and five forms of economic insecurity.

**Results**

**Aim 1**

- Participants ages 18-34 report highest rates of insecurity in food, housing, medical, phone/internet and cash
- Multiracial, LGB, and trans/non-binary women/trans individuals report highest levels of most forms of economic insecurity
- Participants with lower incomes and education report higher levels of housing insecurity

**Aim 2**

- Participants with IPV exposure had over twice the odds of experiencing phone/internet (AOR = 2.80) and medical care (AOR = 2.38) insecurity
- Participants with IPV exposure had over three times the odds of experiencing housing insecurity (AOR = 3.22)

**Implications**

- Women of color and sexual minority women in Michigan are facing significantly higher levels of insecurity in housing, phone/internet services, and medical care
- Transgender/non-binary individuals in Michigan are facing disproportionately high levels of housing insecurity
- IPV victims are at especially high risk for insecurity in housing, medical care, and phone/internet services even after adjusting for other factors
- Policy aimed at enhancing resources and affordability of housing, phone/internet access, and medical care to alleviate disparities and reduce unique risks faced by IPV victims

**Limitations**

- Data are cross-sectional and do not allow for causality
- Data may be susceptible to recall bias and relied on retrospective self-reports of IPV exposure in various time frames during and before the COVID-19 crisis
- Online survey limited reach to individuals with no internet.

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**Intimate Partner Violence and Economic Insecurity During the Covid-19 Crisis**

Lisa Fedina, PhD¹ Sarah Peitzmeier, PhD² Louise Ashwell¹

Todd I. Herrenkohl, PhD¹ Richard Tolman, PhD¹

¹University of Michigan School of Social Work; ²University of Michigan School of Nursing

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**References**

- Media coverage on Covid-19 suggests “hidden pandemic” of intimate partner violence (IPV).¹
- Some web-based surveys highlight economic precarity as a potential risk factor for escalating IPV.²³
- Women experiencing IPV, particularly racial, sexual, and gender minority women, may be at elevated risk for food and housing insecurity caused by the Covid-19 pandemic

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Perceptions of School Safety in Middle School: The Role of Social Support
Nicole R. Brass¹, Justin Heinze², and Allison M. Ryan¹
¹Combined Program in Education and Psychology, University of Michigan
²Health Behavior and Health Education, University of Michigan

Background
Feeling safe at school is a necessary precursor for academic and social well-being.
School safety likely varies by age, gender, race, and other demographic characteristics.
Students’ perceptions of safety likely vary across school building locations, especially in "unknown spaces" with less adult supervision, but these nuances are not usually considered.
It is important to not only describe risk, such as consequences for social worry, but to also consider protective factors that enhance feelings of school safety. Thus, we examined how perceived support from peers and teachers might promote greater perceptions of safety.

Research Questions
1) Do students’ reports of safety vary by building location?
2) Do perceptions of safety vary by students’ grade in school, SES, gender, or race?
3) Can feeling supported by teachers and peers help students feel safer at school?

Methods
Surveys were administered to 1,133 students (5th-8th grades)
49% Girls, 86% White; 48% free/reduced price lunch

School Safety
Students indicated how often (1 = never, 5 = always) they felt safe in the following places: At school, in their classrooms, hallways/bathrooms, lunchroom/cafeteria.

Social Support
Students indicated how true the following statements were for them (1 = not at all true, 5 = very true).
Teachers' support (5 items): Can you count on your teacher for help when you need it?
Peer support (6 items): Other students care about my feelings.
Social worry (4 items): Many situations make me worry.

Conclusions & Implications
When students felt less safe at school, they also reported greater social worry.
When students felt supported by their teachers and peers at school, they reported greater feelings of safety.
The significant interaction between teacher and peer support suggests compensatory effects and an additional boost in safety if students feel supported by both their peers and teachers.
Primary intervention efforts could focus on prevention of threatening behaviors in unsupervised spaces as well as ensuring students feel supported at school.
Secondary intervention may be needed to address students' reactions to perceived stressors to inhibit feelings of social worry.

Future Directions
Determine effective physical and psychological measures for promoting safety across locations in school in the short-term and long-term.
Address the threats that make students feel less safe in different areas of their school.
Investigate the specific actions that teachers and students can do to demonstrate support for one another. Additionally, consider how interventions might focus on unique needs of particular groups.

Role of Teacher and Peer Support and Effect on Social Worry

Demographic Differences in Students’ Reports of School Safety

Covariates: Gender, Grade, Race, SES

Role of Teacher Support and Peer Support on Social Worry

Covariates: Gender, Grade, Race, SES

References
Education programs have been identified as potential tools for sexual violence prevention.

However, there is a lack of evidence-based prevention programs.

The purpose of this literature review is to identify existing literature related to the use of sexuality education programs to prevent sexual violence.

A scoping review was conducted with three databases (PsychInfo, PubMed, CINAHL).

Key terms used were:
1. “sexual violence” or “sexual abuse” or “abuse” or “IPV” or “intimate partner violence”
2. “perpetration” or “perpetrate” or “perpetrator”
3. “sex education” or “sexuality education” or “sex ed”
4. “prevention” or “prevent”

These results have the potential to inspire future research on comprehensive sexuality education programs as a primary intervention for sexual violence prevention to create a safer and healthier environment for adolescents.

The results of this literature review highlight the potential to inspire future research on comprehensive sexuality education programs as a primary intervention for sexual violence prevention to create a safer and healthier environment for adolescents.

The Relationship between Sexuality Education and the Perpetration of Sexual Violence

Allison R. Thompson1, Michelle L. Munro-Kramer, PhD, CNM, FNP-BC2
1Department of Health Behavior and Health Education, School of Public Health, University of Michigan, 2Department of Health Behavior and Biological Sciences, School of Nursing, University of Michigan

PURPOSE

Education programs have been identified as potential tools for sexual violence prevention.

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RESULTS

<table>
<thead>
<tr>
<th>Major Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual violence prevention programs (n=5)</td>
</tr>
<tr>
<td>• Resources for victims and perpetrators</td>
</tr>
<tr>
<td>• Sexual assertiveness &amp; bystander intervention</td>
</tr>
<tr>
<td>• Addressing harmful gender and sexuality norms</td>
</tr>
<tr>
<td>Sexuality education and sexual violence (n=2)</td>
</tr>
<tr>
<td>• Potential link between perceptions of sexual violence and sexual health and sexual violence education</td>
</tr>
<tr>
<td>Sexuality education and treatment for survivors (n=3)</td>
</tr>
<tr>
<td>• Sexuality education as secondary intervention</td>
</tr>
<tr>
<td>Sexuality education and treatment for perpetrators (n=1)</td>
</tr>
<tr>
<td>• Sexuality education as secondary intervention</td>
</tr>
</tbody>
</table>

SUMMARY

Treatment focuses on sexuality education as a secondary program to attempt to break the survivor-perpetrator cycle and to learn appropriate behaviors for consenting sexual intercourse.

Many sexual violence prevention programs focus on bystander intervention and alerting participants to resources for survivors.

Some programs do address components of comprehensive sexuality education, like problematic gender and sexuality norms and how they contribute to sexual violence.

INNOVATION & SIGNIFICANCE

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Many sexual violence prevention programs focus on bystander intervention and alerting participants to resources for survivors.

Some programs do address components of comprehensive sexuality education, like problematic gender and sexuality norms and how they contribute to sexual violence.

CONCLUSIONS

The results of this literature review suggest that the potential to inspire future research on comprehensive sexuality education programs as a primary intervention for sexual violence prevention to create a safer and healthier environment for adolescents.

The results of this literature review highlight the potential to inspire future research on comprehensive sexuality education programs as a primary intervention for sexual violence prevention to create a safer and healthier environment for adolescents.
Classroom Connection: Engaging Adolescents on Weapon Safety and Cyberbullying Prevention

Yvonne Lee, MS-4; Ryan Rogers, MS-3; Kwesi Asantey, MS-3; Elizabeth Seeley, MS-2; Sienna Ringenberg, MS-2; Stacy Calloway, MA, EdS; Jennifer Hindo, MEd; Victoria C. Lucia, PhD; Rose Wedemeyer, PhD

1Oakland University William Beaumont School of Medicine, Rochester, MI, 2International Technology Academy, Pontiac, MI

Background

- Centers for Disease Control and Prevention (CDC) reported 19% of students nationwide were bullied at school and 15% were cyberbullied.1
- Adolescents involved in bullying as victims, bullies, or bystanders are more likely to engage in suicide-related behavior, including the improper use of weapons.2
- Prevention in the pediatric population is crucial, as 87 children, teens, and young adults are injured or killed by guns every day in the U.S.3
- Early intervention and preventive education may reduce incidents of violence, including in the Classroom Connection partner school district, whose students are referred to the county’s courts (and subsequently youth detention centers) at a disproportionately high rate.

Methods

Classroom Connection provides monthly sessions to middle school students at a diverse, magnet school in an underserved school district recently released from state financial oversight. Medical students created the following interactive lessons:

- Health Career Exploration
- Time Management
- Mental Health
- Cardiovascular/Physical Health
- Weapon Safety/Cyberbullying

For the Weapon Safety and Cyberbullying lesson, medical students led small and large group discussions with middle school students to:

- Encourage reflection on prevalence & impact of cyberbullying and weapon violence.
- Brainstorm safety measures and interventions for bullying or violent situations.
- Create a class pledge to prevent cyberbullying.
- Identify two adults to contact in unsafe situations.

Pre- and post-tests were administered through Kahoot, an interactive online quiz platform that collects real-time responses.

Results

Thirty-three middle school students participated in the Weapon Safety and Cyberbullying lesson led by nine medical student facilitators. Pre- and post-test assessments are summarized in Tables 1 and 2 indicating a general increase in knowledge and confidence related to weapon safety and cyberbullying prevention (Oakland University RB#1215235-3).

<table>
<thead>
<tr>
<th>Posttest Survey</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weapon Safety</td>
<td>Responded Yes (n=31)</td>
</tr>
<tr>
<td>Don’t know how to lock a firearm or how to be safe with a weapon?</td>
<td>18 (58.1%)</td>
</tr>
<tr>
<td>Did you know there is a safe place people can access if someone comes at you with a weapon?</td>
<td>11 (35.4%)</td>
</tr>
<tr>
<td>If you witnessed or heard about gun violence in school, what do you know about it?</td>
<td>11 (35.4%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cyberbullying</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t know what to do in the case of cyberbullying</td>
<td>12 (37.5%)</td>
</tr>
<tr>
<td>Did you know there is a safe place people can access if someone comes at you with cyberbullying?</td>
<td>9 (28.1%)</td>
</tr>
</tbody>
</table>

| Table 3: Posttest survey results |

Conclusion

- Based on middle school student responses, this lesson increased student knowledge and confidence when dealing with situations regarding weapon safety and cyberbullying.
- Health education and mentorship programs such as Classroom Connection can aid in the prevention of significant public health risks affecting the pediatric population.

Significance & Innovation

- Adolescents receiving positive influence and support from adults, schools, and communities are less likely to engage in high-risk behaviors, including bullying and violence.5
- Utilizing interactive technology can be an effective method for providing education and mentorship to adolescents.
- Classroom Connection provides a framework for schools to reinforce healthy adolescent behaviors and provide longitudinal support and resources for career development, health and safety, and academic success.

References


Acknowledgements

The program is a collaboration between OUAH, OMHP Medicine, World Group (10S), and OUMV Partners for Health. The authors would like to thank OMHP Ouma, OOMHP Ontone, and the Phillip & Elizabeth Ramler Foundation for program funding.
INTRODUCTION

- Alcohol and violence are linked with injury and mortality among youth, making emergency departments (ED) advantageous for interventions to alter risk trajectories.
- Adaptive interventions (AlTs), providing adjusted dosages and interventions based on how an individual is responding, may elicit a cost-effective solution for decreasing risky drinking and violence.

METHOD

Ongoing SMART study:

- Youth (n=198; ages 14-20) in an urban ED reporting binge drinking and aggression within past four months qualified for the study.
- After receiving a BI in the ED, participants receive 4 weeks of remote health coach (HC) sessions or text messages (TM).
- After week 4, participants are re-randomized based on response to either: a) continued condition or b) ramped up (non-responders) down (responders).

ENGAGEMENT & INTERVENTIONS

- Engagement:
  - 80.5% complete weekly surveys
  - 60% complete weekly Health Coach Sessions
  - 97.0% enrolled in Text Messages
  - 94.4% Complete 4-month and 85.9% complete 8-month follow-ups

- Remote Therapy Sessions focusing on coping, social support, leisure activities and resources

SAMPLE DESCRIPTION

<table>
<thead>
<tr>
<th>Variable</th>
<th>% / Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>18.3 (1.6)</td>
</tr>
<tr>
<td>Male</td>
<td>20.7%</td>
</tr>
<tr>
<td>African-American</td>
<td>43.4%</td>
</tr>
<tr>
<td>Public Assistance</td>
<td>52.0%</td>
</tr>
<tr>
<td><strong>Risk /Protective Factors</strong></td>
<td></td>
</tr>
<tr>
<td>Severe Aggression</td>
<td>86.9%</td>
</tr>
<tr>
<td>Average Weekly Alcohol Consumption</td>
<td>8.6 (14.5)</td>
</tr>
<tr>
<td>Marijuana Use</td>
<td>79.1%</td>
</tr>
<tr>
<td>Carry Firearm</td>
<td>11.6%</td>
</tr>
<tr>
<td>Depression Screen Positive (PHQ-2)</td>
<td>44.4%</td>
</tr>
<tr>
<td>Anxiety Screen Positive</td>
<td>51.0%</td>
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RESULTS: Correlations

<table>
<thead>
<tr>
<th>Variable</th>
<th>Aggression</th>
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<tbody>
<tr>
<td>Female</td>
<td>-0.15*</td>
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<tr>
<td>Impulsivity</td>
<td>0.26**</td>
</tr>
<tr>
<td>Peer Drug/Alcohol</td>
<td>0.18*</td>
</tr>
<tr>
<td>Marijuana Use Frequency</td>
<td>0.18*</td>
</tr>
<tr>
<td>Alcohol Consumption</td>
<td>0.25***</td>
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<tr>
<td>Community Violence</td>
<td>0.26***</td>
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RESULTS: Regression

<table>
<thead>
<tr>
<th>Variable</th>
<th>IRR (95% CI)</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Age</td>
<td>0.99 (0.92-1.07)</td>
<td>0.8721</td>
</tr>
<tr>
<td>Gender</td>
<td>0.92 (0.92-1.09)</td>
<td>0.1710</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>1.16 (1.03-1.31)</td>
<td>0.0146</td>
</tr>
<tr>
<td>Marijuana Use Frequency</td>
<td>1.03 (0.99-1.07)</td>
<td>0.1027</td>
</tr>
<tr>
<td>Audit-C (Alcohol Severity)</td>
<td>1.07 (1.02-1.13)</td>
<td>0.0098</td>
</tr>
<tr>
<td>Peer Drug/Alcohol</td>
<td>0.98 (0.94-1.02)</td>
<td>0.3617</td>
</tr>
<tr>
<td>Community Violence</td>
<td>1.07 (1.03-1.11)</td>
<td>0.0018</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Findings underscore the need for violence interventions to address individual factors, particularly impulsivity and alcohol consumption.
- Neighborhood level interventions to increase safety are urgently needed given findings for community violence exposure.
- Future papers will examine the efficacy of adaptive interventions, with dose increased or decreased based on response, from this SMART study.
Implementation of Screening and Delivery of Violence Prevention Approaches for Adolescents in Primary Care: A Pilot Implementation Study

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OBJECTIVES/AIMS

- Youth violence is an alarming public health concern.
- Although most youth seek primary care, violence screening and prevention interventions have yet to be systematically offered in this setting.
- This abstract describes data from our pilot implementation trial of the efficacious behavioral health program focusing on violence prevention (SafeTeens) at two community health clinics serving disadvantaged adolescents.

METHODS

- In Phase 1, we obtained feedback from stakeholders to inform the repackaging of the SafeTeens program for primary care (PC).
- In Phase 2, we implemented the customized Safeteens-PC program and conducted a quasi-experimental pilot study involving adolescents (ages 14-18) who screened positive for recent aggression.
- Participants were assigned to a usual care control condition (n=49) or an intervention condition (n=61) receiving the Safeteens-PC program; three-month follow-up rates were 91.8%.
- In Phase 3, we conducted stakeholder interviews to examine barriers to maintenance.

RESULTS

- Based on stakeholder interviews (n=12), we created a web-based Safeteens-PC package which includes: a violence screener, intervention delivery tool, training videos, and text message boosters.
- During Phase 2, intervention delivery varied by clinic, including completion (75.9%; 62.5%), modality (100% telehealth, 60% telehealth/40% in-person), and enrollment in text messages (81.8%; 55.0%).
- Using an intent-to-treat approach, the intervention group showed significantly greater reductions in severe peer aggression (p<.05), anxiety (p<.05) and substance use consequences (p<.05) relative to the comparison group.
- Other outcomes were in the expected direction, with greater reductions in intervention vs. comparison groups in peer victimization, substance use, intention to avoid fighting, and depression (all p’s<.10).

CONCLUSIONS/IMPLICATIONS

- Findings support the effectiveness of implementation of Safeteens-PC in primary care.
- Participant and staff feedback was positive, identifying challenges to long-term implementation.
- If these challenges could be addressed, provision of violence prevention in primary care could have high impact on health outcomes for adolescents.

ACKNOWLEDGEMENTS

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Q&A

Please type your questions in the Q&A box and the moderator will ask the panelists select questions.
- Evaluation survey to follow by email

- Register now for our upcoming summit - The Science of Suicide Prevention: New Strategies for Understanding and Intervening on March 16, 2021 from 12PM – 5PM. Information on how to register and submit abstracts can be found on the event page on our website injurycenter.umich.edu

- Become a member! Sign up at injurycenter.umich.edu/about-us-membership/becoming-a-member/

- All recordings from today will be available on our website in the coming weeks

Thank You!