## SESSION 3
**Violence and ACEs**
Facilitator: Justin Heinze, PhD

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ABSTRACTS

SESSION 3
Violence and ACEs

1. Longitudinal Assessment of Sexual Violence and Associations with Drinking among College Students
   Amber Lynn Hill, MD, PhD, MSPH1, Lan Yu, PhD2, Elizabeth Miller, MD, PhD3, Kaleab Z. Abebe, PhD2, Galen E. Switzer, PhD2, Sonya Borrero, MD, MS3, Judy C. Chang, MD, MPH4, Robert W. S. Coulter, PhD, MPH5

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   Statement of Purpose: The problems of sexual violence and alcohol use, particularly binge drinking, on college campuses are inextricably linked. Sexual violence and binge drinking can carry lifelong and intergenerational consequences. We sought to determine bidirectional longitudinal associations between sexual violence victimization and alcohol use over one year among college students seeking care at campus health centers. Methods/Approach: Participants were 18-24-year-old, English-speaking students seeking care at campus health centers across 28 college campuses in Pennsylvania and West Virginia. We used a sub-sample (n=1,545) of students who completed surveys at baseline, four-months follow-up, and 12-months follow-up as part of a larger sexual violence prevention cluster randomized trial (N=2,291). Lifetime and past four-month sexual violence were assessed with a six-item scale. Past 30-day alcohol use was categorized as: 1) number of drinking days and 2) number of binge drinking days (4+/5+ drinks for female/male within two hours). We used longitudinal autoregressive and cross-lagged panel models and structural equation modeling to examine associations between sexual violence and alcohol use. Results/Conclusions: Controlling for gender, race/ethnicity, intervention arm, and school-level clustering, sexual violence predicted future alcohol use and binge drinking (β's range=.100-.111; p's<.001). In this sample, alcohol use and binge drinking did not significantly predict future sexual violence. Innovation & Significance to the Field: Campus responses should provide resources to better support survivors’ development of healthy coping skills. Clinicians should be aware of the drinking patterns of their adolescent and young adult patients and how alcohol use may be related to prior traumatic experiences. Research-informed interventions that integrate prevention strategies for both sexual violence and harmful alcohol use are urgently needed.

2. Electronic Teen Dating Violence Prevalence by Age and Association with Forms of Cyber Bullying Victimization and Perpetration in a Nationally Representative Sample
   Elyse J. Thulin, MSc1, Justin E. Heinze, PhD1

   1Health Behavior Health Education, School of Public Health, University of Michigan

   Statement of Purpose: Researchers of cohort studies have documented the high prevalence of electronic teen dating violence (ETDV) during adolescence and the overlap between cyberbullying and ETDV. Yet less is known about the national prevalence of ETDV by socio-demographic feature and the social relationship between ETDV and cyberbullying perpetrators and victims. Methods/Approach: Data were drawn from a nationally representative sample of youth aged 10-18. Results/Conclusions: We found that two in five youth reported past year victimization and one in five reported perpetration. Report of victimization and perpetration varied by age. At age 10, 25% of youth reported victimization and 10% reported perpetration. For both ETDV victimization and perpetration, a pinnacle of exposure was found at around age 16. Victimization and perpetration co-occurred often. Being cyberbullied by a friend, a peer, or an adult was positively associated with ETDV victimization, but perpetrating against an adult was negatively associated. Cyberbullying an adult was associated with ETDV perpetration but being a victim of cyberbullying by an adult was negatively associated. Innovation & Significance to the Field: The results of the present study indicate a high prevalence of ETDV in a nationally representative sample, but prevalence varies by age. The social relationship between a youth and the perpetrator or victim of cyberbully influences ETDV victimization and perpetration behaviors, but direction of association differs depending on the social relationship between victim and perpetrator. Thus, not all exposures to cyberbullying are equal in their influence on ETDV.
2. Effectiveness of Interventions for Adolescent Intentional Injuries in India – A Scoping Review

Hunied Kautsar, MD, MPH\textsuperscript{1}, Isaac Botchey, MD, MPH\textsuperscript{1}, Priyanka Agrawal, DDS, MScD, MPH\textsuperscript{1}, Nishit Patel, MD, MPH\textsuperscript{1}, Eric Thuo, MD, MPH\textsuperscript{1}, Hai Dang Vu\textsuperscript{2}, Nae Yeon Won, MPH\textsuperscript{3}, Long Nguyen Thanh\textsuperscript{2}, Neeraj Sharma, PhD\textsuperscript{4}, Nutan Jain, PhD\textsuperscript{4}, Shailaja Tetali, PhD\textsuperscript{5}, Abdulgafoor Bachani, PhD\textsuperscript{1}

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Statement of Purpose: Intentional injuries are among the top five leading causes of deaths in adolescents 10-19 years of age. However, statistics remain grossly under-reported globally. In India alone, intentional injuries account for almost 500,000 deaths annually and more than a million adolescents with significant disabilities. The aim of this review was to identify evidence-based interventions to address risk factors that increase the risk of adolescent intentional injuries in India.

Methods/Approach: Our search strategy focused on literature published between 2009-2020. Key terms focusing on interventions for various intentional injuries in India were used to search on four electronic databases. Data extractions was conducted according to the PRISMA guidelines for scoping reviews. Double screening approach was used for abstract and full-text review. Results were presented using a thematic approach. Results/Conclusions: The review yielded 12 studies that were included in the analysis. The interventions were educational (n=6) or psychotherapeutic in nature (n=6). Educational interventions were delivered through (1) community peer education, (2) teacher training to address risk factors, integrate life skills education and sports program, (3) school activities to address school climate, and (4) in-school activities addressing skills such as problem solving, behavioral activation and positive thinking. Psychotherapeutic interventions included (1) social-emotional learning, (2) transactional analysis, and (3) mindfulness sessions. Eleven studies showed significant improvements, such as positive change in aggressive behavior/ attitude (n=6), depression (n=6), attitude towards gender roles (n=4), and occurrence of violence (n=4).

3. Trauma-Informed Programs and Practices for Schools (TIPPS)

Hurley O. Riley, MPH\textsuperscript{1}, Elizabeth A. Davis, PhD\textsuperscript{2}, Andria B. Eisman, PhD\textsuperscript{3}, Alison L. Miller, PhD\textsuperscript{1}, Daicia R. Price, LMSW\textsuperscript{4}, Beth A. Sherman, MSW\textsuperscript{2}, Yatesha D. Robinson, PhD\textsuperscript{4}, Jasmine Love, BA\textsuperscript{5}, Sara F. Stein, PhD\textsuperscript{1}, Erika Sturgis, MSW\textsuperscript{5}, Samar Ayyub, Med\textsuperscript{6}, Todd I. Herrenkohl, PhD\textsuperscript{1}

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Statement of Purpose: Adverse Childhood Experiences (ACEs) and trauma are common and can negatively affect a child’s health and development. Safe, inclusive, and nurturing environments can help promote resilience among children who have experienced ACEs and trauma. Schools are critical to child development; thus, trauma-informed school environments can promote resilience and help children heal from adverse experiences. We propose a novel system-oriented framework, Trauma-Informed Programs and Practices for Schools (TIPPS), to help schools and school professionals establish environments that promote resilience and positive coping among children. Methods/Approach: TIPPS utilizes a collaborative, multi-stakeholder approach to ensure the uptake and sustainability of the system change strategies in schools across the state of Michigan. TIPPS includes structured guides (e.g., program guide, implementation guide) and trainings with school professionals utilizing research-based strategies relevant to the 10 core pillars of TIPPS, each of which represents a component of the systems change process. Application of the TIPPS framework is undergoing feasibility and usability testing through interviews with school professionals. Collaborations with state and local educational agencies and organizations are helping to advance and scale the TIPPS framework throughout Michigan. Results/Conclusions: Interviews and collaborations with stakeholders allow continuous refinement of TIPPS content and trainings. We anticipate the implementation and sustained use of TIPPS content will reduce trauma symptoms among students, improve school professionals’ knowledge of trauma, and ultimately support a positive school climate. Innovation & Significance to the Field: Most school-based programs regarding trauma provide individualized models of care, which are limited in scope and costly. TIPPS provides a low-cost alternative that offers advantages to individualized approaches, including its potential for wider and more sustainable impact for an entire community rather than a select few students who require intensive intervention. Further, the TIPPS guiding principles and strategies can be tailored to the localized context, improving access and intervention-context fit.
5. Adaptive Intervention for Alcohol Use and Violence among Adolescents and Emerging Adults in the Emergency Department

Laura Seewald, MD1,2, Carrie Bourque, MS, LLP3, Patrick Carter, MD1,2, Claire Pearson, MD4, Kelley M Kidwell, PhD5, Quyen Ngo, PhD, LP6, Frederic Blow, PhD3, & Maureen Walton, MPH, PhD2,3

1Department of Emergency Medicine, University of Michigan Medical School, 2University of Michigan Injury Prevention Center, 3Department of Psychiatry, University of Michigan Medical School, 4Wayne State University, 5University of Michigan School of Public Health, 6Butler Center for Research, Hazelden Betty Ford Foundation

Statement of Purpose: Adolescents and emerging adults who are involved with binge drinking and fighting increase their risk for injury, underscoring the need for early interventions. We describe an ongoing study testing adaptive m-health interventions for alcohol and violence, with dose varying based on response. Methods/Approach: A sequential, multiple assignment, randomized trial (SMART) is being conducted among youth (ages 14-20) in the emergency department (ED) at Hurley Medical Center who screen positive for binge drinking and physical aggression. At baseline, all participants receive the SaferTeens intervention by a health coach, followed by 4 weeks of boosters (i.e., text messages or telehealth sessions). Participants are re-randomized based on response (e.g., binge drinking or physical aggression) to boosters during weeks 5-8. Outcomes are assessed weekly over 8 weeks, and at 4- and 8-months. Results/Conclusions: Thus far, 12.7% (389/3071) screened positive and 320 (17.7% refused) were enrolled (mean age 18.3 (SD=1.6); 20.6% male, 45.3% Black/African American, 55.6% receive public assistance). At baseline, on average participants reported 7.9 drinks per week (SD=13.3) and 1.4 day (SD=1.6) of violence per month. Other self-reported risk factors included: 82.8% marijuana use, 11.6% firearm carriage, 42.8% positive depression screen and 49.4% positive anxiety screen. On a 10-point scale, participant's average scores were 5.6 for feeling supported (SD=3.0), and 5.0 for expecting good things (SD=2.9). Weekly survey completion rates exceeded 80%. Intervention acceptability data show that 78.1% liked the health coach session, specifically to discuss coping (72.7%), social support (77.3%), community connections (70.0%), and fun activities (67.5%); 71.0% liked the text messages. Participants in the text messaging condition self-tailored a weekly message, with common themes including strengths (e.g., control, faith, resilience) and goals (e.g., careers, parenting, housing, transportation). Innovation & Significance to the Field: Initial findings support the acceptability of m-health interventions for youth involved with binge drinking and violence.

6. Family Medicine Provider and Staff Identification and Response to Male Patient Intimate Partner Violence Perpetration

Vijay Singh, MD, MPH, MS1, Cory Lutgen, BA2, Elisabeth Callen, PhD2

1Departments of Emergency Medicine and Family Medicine and Internal Medicine, Medical School, University of Michigan, 2American Academy of Family Physicians National Research Network, Leawood, KS

Statement of Purpose: One in five men report lifetime intimate partner violence (IPV) perpetration defined as using physical force against an intimate partner. Physicians can use validated IPV perpetration screening tools and refer men to evidence-based counseling programs. However, family medicine providers feel unprepared to screen male patients for IPV. Study objectives are to understand family medicine provider and staff feasibility and acceptability of identification and response to male patient IPV perpetration. Methods/Approach: family medicine clinic providers and staff at two Midwestern academic family medicine outpatient centers received individual, online, audio-recorded, and transcribed interviews describing experiences talking to male patients about and identification of IPV perpetration; reviewing screening results, referral, intervention, and organizational challenges. Three research team members used qualitative content analysis to develop codes and themes. Results/Conclusions: four family medicine providers (medical director, physicians, psychologist) and staff (medical assistant) have been interviewed 2020-2021, and interviews are in-progress for six additional providers (physician assistants, nurses, social workers). Providers and staff described few experiences speaking with male patients about IPV but reported knowledge of male IPV through discussion with patients’ partners. IPV identification can occur through patient self-read questionnaire or providers asking patients with at-risk behaviors. Subjects recognized IPV perpetration screening barriers such as patient trust and comfort, and facilitators including electronic medical record prompts and patient portal use. Providers described ways to increase patient intervention use such as warm referral and virtual visits. Subjects described organizational challenges including limited time and resources, but providers hypothesized that training could improve implementation. Innovation & Significance to the Field: family medicine providers and staff describe various methods to identify and respond to male patient IPV perpetration, including use of a team approach, warm referrals, recognizing patient and provider barriers, and building on continuity relationships already established in primary care.