Addressing Youth Violence in Primary Care Setting

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Professor of Pediatrics UCSOM
Section Adolescent Medicine
SIM Collaborative  10-26-2018
Learning Objectives

1. Recognize the impact youth violence has on the physical and emotional well-being of adolescents

2. Identify ways that the primary care setting can proactively address youth violence

3. Incorporate evidence based interventions in the primary care setting that can decrease an adolescent’s violent experience.
Violence Definitions

- A behavior, or action that results in the hurt or harm towards another person, or to oneself.
  - Perpetrator
  - Victim
  - Witness
- Physical or Emotional
- Related to Underlying Aggression
Broad Scope of Youth Violence

- Homicide
- Suicide
- Interpersonal Violence (Peer Violence)
- Sexual
  - Victimization
  - Perpetration
- Intimate Partner/Dating Violence
- Cyber Violence/Electronic Aggression
- Bullying- in Person
- Physical Abuse
- Gang Violence
Top 10 Leading Causes of Death: Youth Age 12-21
## Top 10 Leading Cause of Death 12-21

### 10 Leading Causes of Deaths, United States

*2016, All Races, Both Sexes
Ages: 12-21*

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Percentage of All Deaths in Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>20,539</td>
<td>100.0%</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>8,071</td>
<td>39.3%</td>
</tr>
<tr>
<td>Suicide</td>
<td>3,873</td>
<td>18.9%</td>
</tr>
<tr>
<td>Homicide</td>
<td>3,164</td>
<td>15.4%</td>
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<tr>
<td>Malignant Neoplasms</td>
<td>1,160</td>
<td>5.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>552</td>
<td>2.7%</td>
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<tr>
<td>Congenital Anomalies</td>
<td>350</td>
<td>1.7%</td>
</tr>
<tr>
<td>Chronic Low. Respiratory</td>
<td>159</td>
<td>0.8%</td>
</tr>
<tr>
<td>Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>128</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>121</td>
<td>0.6%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>117</td>
<td>0.6%</td>
</tr>
<tr>
<td>All Others</td>
<td>2,844</td>
<td>13.8%</td>
</tr>
</tbody>
</table>
## African American Deaths

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Percentage of All Deaths in Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>4,936</td>
<td>100.0%</td>
</tr>
<tr>
<td>Homicide</td>
<td>1,997</td>
<td>40.5%</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>1,196</td>
<td>24.2%</td>
</tr>
<tr>
<td>Suicide</td>
<td>412</td>
<td>8.3%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>186</td>
<td>3.8%</td>
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<tr>
<td>Malignant Neoplasms</td>
<td>184</td>
<td>3.7%</td>
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<tr>
<td>Chronic Low. Respiratory Disease</td>
<td>80</td>
<td>1.6%</td>
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<tr>
<td>Congenital Anomalies</td>
<td>64</td>
<td>1.3%</td>
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<tr>
<td>Anemias</td>
<td>49</td>
<td>1.0%</td>
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<tr>
<td>Influenza &amp; Pneumonia</td>
<td>35</td>
<td>0.7%</td>
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<tr>
<td>Diabetes Mellitus</td>
<td>32</td>
<td>0.6%</td>
</tr>
<tr>
<td>All Others</td>
<td>701</td>
<td>14.2%</td>
</tr>
</tbody>
</table>

**10 Leading Causes of Deaths, United States**
2016, Black, Both Sexes
Ages: 12-21
### Comparing Firearm vs MVA

#### 1999 - 2016, United States

**Firearm Deaths and Rates per 100,000**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
<th>Population***</th>
<th>Crude Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>4,870</td>
<td>39,802,035</td>
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<tr>
<td>2000</td>
<td>4,594</td>
<td>40,409,959</td>
<td>11.37</td>
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<tr>
<td>2001</td>
<td>4,529</td>
<td>41,102,836</td>
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<tr>
<td>2002</td>
<td>4,467</td>
<td>41,673,829</td>
<td>10.72</td>
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<tr>
<td>2003</td>
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<tr>
<td>2004</td>
<td>4,319</td>
<td>42,406,522</td>
<td>10.17</td>
</tr>
<tr>
<td>2005</td>
<td>4,543</td>
<td>42,791,298</td>
<td>10.62</td>
</tr>
<tr>
<td>2006</td>
<td>4,782</td>
<td>43,084,657</td>
<td>11.10</td>
</tr>
<tr>
<td>2007</td>
<td>4,530</td>
<td>43,226,423</td>
<td>10.48</td>
</tr>
<tr>
<td>2008</td>
<td>4,407</td>
<td>43,323,405</td>
<td>10.17</td>
</tr>
<tr>
<td>2009</td>
<td>4,204</td>
<td>43,344,721</td>
<td>9.70</td>
</tr>
<tr>
<td>2010</td>
<td>4,098</td>
<td>43,304,087</td>
<td>9.46</td>
</tr>
<tr>
<td>2011</td>
<td>4,084</td>
<td>43,240,764</td>
<td>9.44</td>
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<tr>
<td>2012</td>
<td>4,130</td>
<td>43,034,498</td>
<td>9.60</td>
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<tr>
<td>2013</td>
<td>3,866</td>
<td>42,733,841</td>
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<tr>
<td>2014</td>
<td>3,885</td>
<td>42,423,286</td>
<td>9.11</td>
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<tr>
<td>2015</td>
<td>4,329</td>
<td>42,246,431</td>
<td>10.25</td>
</tr>
<tr>
<td>2016</td>
<td>4,687</td>
<td>42,146,066</td>
<td>11.12</td>
</tr>
</tbody>
</table>

**MV Traffic Deaths and Rates per 100,000**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
<th>Population***</th>
<th>Crude Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>7,854</td>
<td>39,802,035</td>
<td>19.73</td>
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<tr>
<td>2000</td>
<td>8,161</td>
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<td>2001</td>
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<tr>
<td>2002</td>
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<td>2003</td>
<td>8,324</td>
<td>42,077,861</td>
<td>19.78</td>
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<td>2004</td>
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<td>19.63</td>
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<td>2005</td>
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<td>42,791,298</td>
<td>18.44</td>
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<tr>
<td>2006</td>
<td>7,897</td>
<td>43,084,657</td>
<td>18.33</td>
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<tr>
<td>2007</td>
<td>7,483</td>
<td>43,226,423</td>
<td>17.31</td>
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<td>2008</td>
<td>6,176</td>
<td>43,323,405</td>
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<tr>
<td>2009</td>
<td>5,473</td>
<td>43,344,721</td>
<td>12.63</td>
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<tr>
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<td>4,971</td>
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<tr>
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<td>4,867</td>
<td>43,240,764</td>
<td>11.26</td>
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<tr>
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<tr>
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<tr>
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<td>10.20</td>
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<tr>
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<td>4,445</td>
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<tr>
<td>2016</td>
<td>4,635</td>
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<td>11.00</td>
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*ICD-10 Codes: W32-W34, Y72-Y74, X93-X95, Y22-Y24, Y35.0,*U01.4

*MV Traffic Codes: V30-V39 (.4-9), V40-V49 (.4-9), V50-V59 (.4-9), V60-V69 (.4-9), V70-V79 (.4-9), V81.1V82.1, V83-V86 (.0-3), V90-V98 (.3-9), V12-V14 (.3-9), V19 (4-6), V02-V04 (.1,9), V09.2, V60 (.3-5), V87 (.9-8), V89.2*
National Focus on Youth Violence

- Summer of Violence 1993; homicide
- Columbine 1999
Acute Fight Related Sequalae

- 750,000 Assaults Related Injuries seen in the ED annually (ages 10-24)
- 6th leading cause of injury overall
- 43,651 youth < 18 yo arrested for violent crime (2013)
Longer term Sequelae of Violence Involvement

- Substance Abuse
- Delinquency
- Poor Academic Performance
- Truancy/Suspension
- Mental Health
  - Depression
  - PTSD
  - Anxiety
- More Violence...
  - Dating Violence
  - Electronic Violence
  - Sexual Perpetration
  - Sexual Victimization
  - Bullying
Physical Health Consequences

- Asthma
- Hypertension
- Obesity
- Diabetes
- Toxic Stress - increased cortisol, inflammatory markers (IL-6, CRP)
Percentage of High School Students Who Were in a Physical Fight,* by Sex,† Grade,† and Race/Ethnicity,† 2015

*One or more times during the 12 months before the survey
†M > F; 9th > 10th, 9th > 11th, 9th > 12th, 10th > 11th, 10th > 12th; B > H, B > W (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2015
Percentage of High School Students Who Were in a Physical Fight, * 1991-2015†

*One or more times during the 12 months before the survey
†Decreased 1991-2015, decreased 1991-2011, decreased 2011-2015 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Note: This graph contains weighted results.
Percentage of High School Students Who Carried a Gun, * by Sex, † Grade, † and Race/Ethnicity, 2015

*On at least 1 day during the 30 days before the survey
†M > F; 12th > 9th (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.
Percentage of High School Students Who Carried a Gun,* 1993-2015†

*On at least 1 day during the 30 days before the survey
†Decreased 1993-2015, decreased 1993-1997, no change 1997-2015 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Note: This graph contains weighted results.
Percentage of High School Students Who Experienced Physical Dating Violence,* by Sex,† Grade,‡ and Race/Ethnicity, 2015

*One or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey.

†F > M; 11th > 9th (Based on t-test analysis, p < 0.05.)

All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.

Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2015
Percentage of High School Students Who Experienced Sexual Dating Violence,* by Sex,† Grade,‡ and Race/Ethnicity, 2015

*One or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey
†F > M; 10th > 12th (Based on t-test analysis, p < 0.05.)
‡All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2015
Percentage of High School Students Who Were Ever Physically Forced to Have Sexual Intercourse,* by Sex† and Race/Ethnicity,‡ 2015
Percentage of High School Students Who Were Ever Physically Forced to Have Sexual Intercourse,* by Sex,† Grade,♯ and Race/Ethnicity, 2015

*When they did not want to
†F > M; 11th > 9th, 12th > 9th, 12th > 10th (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.

National Youth Risk Behavior Survey, 2015
Percentage of High School Students Who Were Ever Physically Forced to Have Sexual Intercourse,* 2001-2015†

*When they did not want to
†Decreased 2001-2015 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]
Note: This graph contains weighted results.

National Youth Risk Behavior Surveys, 2001-2015
Percentage of High School Students Who Were Bullied on School Property, * by Sex, † Grade, † and Race/Ethnicity, † 2015

*During the 12 months before the survey
†F > M; 9th > 12th, 10th > 12th, 11th > 12th; W > B, W > H (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.
Percentage of High School Students Who Were Electronically Bullied,* by Sex,† Grade,‡ and Race/Ethnicity,‡ 2015

*Including being bullied through e-mail, chat rooms, instant messaging, Web sites, or texting during the 12 months before the survey
†F > M; 10th > 12th; H > B, W > B, W > H (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Note: This graph contains weighted results.
Firearms

- 3x increase rate of homicide for youth who live in a household with a firearm present
- 5X increase in the rate of suicide for youth who live in a household with a firearm present
Media Violence: Harmful Effects

- Children watch an average of 25 hours per week of TV – exposed to 12,000 violent acts/year.
- Observational learning:
  - Repeated observation of violence - priming effect over time
  - Imitate who they observe;
  - Physiologic Response
  - Reaction to firearms
- “Aggressor effect” – watching large amounts associated with aggressive acts.
- “Bystander effect” – desensitization towards actual violence; reluctance to involve adults.
Media Violence and Aggression

- Meta Analysis of 431 studies; 68,463 subjects
- Significant effect size

<table>
<thead>
<tr>
<th>Measure</th>
<th>Average Correlation (95% CI)</th>
<th>Studies, No.</th>
<th>Participants, No.</th>
<th>Fail-Safe N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive behavior</td>
<td>0.19 (0.19 to 0.20)</td>
<td>262</td>
<td>48430</td>
<td>151 984</td>
</tr>
<tr>
<td>Helpful behavior</td>
<td>-0.08 (-0.11 to -0.04)</td>
<td>59</td>
<td>3243</td>
<td>157</td>
</tr>
<tr>
<td>Aggressive thoughts</td>
<td>0.18 (0.17 to 0.19)</td>
<td>140</td>
<td>22967</td>
<td>34 447</td>
</tr>
<tr>
<td>Angry feelings</td>
<td>0.27 (0.24 to 0.30)</td>
<td>50</td>
<td>4838</td>
<td>8654</td>
</tr>
<tr>
<td>Physiological arousal</td>
<td>0.26 (0.20 to 0.31)</td>
<td>27</td>
<td>1356</td>
<td>927</td>
</tr>
</tbody>
</table>

Abbreviation: CI, confidence interval.

*Physiological arousal includes, for example, increased heart rate and blood pressure.

Association between Television Viewing and Future Aggression

- TV Viewing-age 14 and aggressive behavior at age 16, 22, and 30
  - >3 hours TV
  - 45%
  - <1 hour
  - 9%

- the association held up regardless of prior history of aggressive behavior

- there was not an association between TV viewing age 14 and property crimes, arson or vandalism
Violent Video Games

- Functional MRI studies show arousal in amygdala and decreased activity in pre-frontal cortex/executive function
- Teachers rated youth who watched more video games with increased hostile behavior
- Increase in aggressive behavior after 10 minutes of playing violent games compared to non-violent
Pediatric Screening for Violence

- 31% pediatricians ask about fighting
- 39% ask about violence in the home
- 29% ask about weapon carrying

Diagnosis and Recognition

- 0.8% 11-21 yo assigned a diagnosis related to any aggression/violence category (NAMCS)
- 20% of youth reported current violence perpetration: in only 12.9% of those cases did the HCP make any reference to addressing violence issues in the chart

Barriers to Addressing YV

- **Confidence:**
  - 41% are confident in ability to identify youth at risk for violent injury
  - 40% confident advising parents about violence prevention strategies

- **Self-Efficacy:**
  - 35% felt like they could help families change re: safe gun storage, and 17% re: gun removal

Self-Efficacy

- AAP survey: 56% of pediatricians felt they can reduce violence- self efficacy was the mediating factor- OR of 4-6 for counseling on specific violence topics if they were more self-efficacious vs. less efficacious
Patient and Family Barriers

* 84% of families that received a referral for aggression re: children 2-11 were interested /very interested in following up with that referral

Disconnect between youth and provider assessment

Youth=165

- 16% violence involved youth had HCP violence documentation
- 14.5% HCP Violent Discussion
- 20% Violence Involved Youth
How to Recognize Youth Violence

- Screen (verbal, paper and pencil, electronic)
- Fighting, Bullying, TDV,
  - Have you been in a physical fight in the last year?
- VIPRS (predictive tool)
- Firearm Access (parents and teens)
Minimal General Firearm Screen POCs and Youth

*Do you have any guns in or around your house?*

Yes  No
AAP Recommendations 2012

- “Pediatricians and other child health care professionals are urged to counsel parents about the dangers of allowing children and adolescents to have access to guns inside and outside the home”

- Counsel that the safest home is without guns

- Next best is safe storage
  - Guns unloaded
  - Locked
  - Ammunition locked/separate

VIPRS 1-5

1. Do your parents expect you to do well at school?
   _most of the time
   _sometimes
   _rarely/never

2. Are your grades mostly… *Please check all that apply*
   □ A’s  □ B’s  □ C’s  □ D’s  □ F’s

3. Have you been suspended from school in the last year?
   _yes  _no

4. How many fights have you been in during the last year?
   0  1  2  3  more than 3

5. Have you ever smoked marijuana or used other drugs?
   _yes  _no
VIPRS 6-10

6. Have you or your friends ever been in trouble with the law?  
   __yes    ___no

7. Are you or your friends involved with a gang or tagging crew?  
   __yes    ___no

8. Do you feel you are hyperactive, or have you ever been diagnosed with ADHD?  
   __yes    ___no

9. Have you had any friends that have committed suicide?  
   __yes    ___no

10. Have you ever been injured in a fight?  
    __yes    ___no
VIPRS 11-12

11. When was the last time you hurt someone else in a fight:
   ___in the past month
   ___between 1-6 months ago
   ___between 6-12 months ago
   ___over one year ago
   ___never

12. When was the last time you watched a fight:
   ___in the past month
   ___between 1-6 months ago
   ___between 6-12 months ago
   ___over one year ago
   ___never
VIPRS 13-14

13. How many times has someone beat you up in the last 6 months:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>&gt; 6</th>
</tr>
</thead>
</table>

14. How many times has someone asked you to fight in the last 6 months

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>&gt; 6</th>
</tr>
</thead>
</table>
VIPRS Scoring

Q1 Most of the time:= 0
    Sometimes/Rarely/Never= 1

Q2 If any D’s/F’s checked= 1
    A/B/C’s = 0

Q 3/5/6/7/8/9/10: Yes = 1
    No = 0

Q4: 0 =0
    1->3 =1

Q11/12: In the past month,
    between 1-6 months ago, =1
    between 6-12 months ago
    over one year/never =0

Q13/14: 0 =0
    1- >6 =1
VIPRS Scoring and Interpretation

- You can only score 1 point per question.
- The higher the scoring the greater the risk for future violence.
- Positive scores:
  - Males: 5 or higher
  - Females: 6 or higher
VIPRS for 14-17 year olds

- **Males**: a score of 5 had
  - sensitivity of 83%,
  - specificity of 94%
  - PPV of 83%;
  - 25% screen positive.

- **Females**: a score of 6
  - sensitivity of 86,
  - specificity of 97,
  - PPV of 86
  - 17% screening positive.
Use of EMR

12/10/2010 visit with A. Tyler Watlington, M.D. for Office Visit

- Images
- Questionnaires
- References
- SmartSets
- Scans
- Open Orders
- Care Teams
- Print AIDS
- Media Manager

BestPractice Advisories

- This patient has a completed violence screening questionnaire. Review results in research memo - Ado Violence Screen.
  - (CDS ADO VIOLENCE SCREEN last satisfied: Not on file)

Chief Complaint (Reason For Visit)

- PHYSICAL--OTHER
**Wayne Gretzky Zztest Jr.**

3/8/2012 9:11 AM Research Memorandum

MRN: 1440772

**Department:** Ado Medicine Clinic

**Visit Report**

**Encounter Messages**

No messages in this encounter

**Current Medications**

Current Medications Report (as of 03/08/12)

**Questionnaire**

**ADO MED VIOLENCE SCREENING (VIPRS)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do your parents expect you to do well at school?</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Are your grades mostly...?</td>
<td>C's</td>
</tr>
<tr>
<td>Have you been suspended from school in the last year?</td>
<td>Yes</td>
</tr>
<tr>
<td>How many physical fights have you been in during the last year?</td>
<td>2</td>
</tr>
<tr>
<td>Have you ever smoked marijuana or used other drugs?</td>
<td>No</td>
</tr>
<tr>
<td>Have you or your friends ever been in trouble with the law?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are you or your friends involved with a gang or tagging crew?</td>
<td>No</td>
</tr>
<tr>
<td>Do you feel you are hyperactive, or have you been diagnosed with ADHD</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you had any friends that have committed suicide?</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever been injured in a fight?</td>
<td>Yes</td>
</tr>
<tr>
<td>When was the last time you hurt someone else in a fight?</td>
<td>over one year ago</td>
</tr>
<tr>
<td>When was the last time you watched a fight?</td>
<td>between 6-12 months</td>
</tr>
<tr>
<td>How many times has someone beat you up in the last 6 months?</td>
<td>0</td>
</tr>
<tr>
<td>In the last 6 months, how many times has someone asked you to fight?</td>
<td>1</td>
</tr>
<tr>
<td>VIPRS Total Score</td>
<td>7</td>
</tr>
</tbody>
</table>

For Males, score >= 5 is positive
3/8/2012 visit with Sigel, Eric J. for NEW PATIENT 60 - NP/Physical MK O092345 04/08/12 CT

SmartSets

Opened SmartSets

□ Associate  Primary Dx  New Dx  Providers  Phase of Care

Pharmacy

ADO MED VIOLENCE SMART SET

Questionnaire

☑ DOCUMENTATION - use smart phrase "violencescreen" to document in current note or click on below to create

☑ DOCUMENTATION

☐ ADO MED VIOLENCE RISK ASSESSMENT

PATIENT INSTRUCTIONS/REFERRALS - select appropriate organization/location to pull information into patient instruction

FUNCTIONAL FAMILY THERAPY PROGRAMS

GANG INTERVENTION

MENTAL HEALTH RESOURCES

MENTORING PROGRAMS

MULTISYSTEM THERAPY PROGRAMS

SUICIDE PREVENTION

VIOLENCE CLASSES

VIOLENCE COUNSELING
I have reviewed the results of the Violence Injury, Protection and Risk Screen. Wayne scored 7 and is high risk for future violence involvement.

After further assessment recommendations include: Project PAVE - individual and family counseling

**Violence Risk Assessment**

I have reviewed the results of the Violence Injury, Protection and Risk Screen. Wayne scored *** and is [RISK:24468] for future violence involvement.

After further assessment recommendations: [RECOMMENDATIONS:23992]
I have reviewed the results of the Violence Injury, Protection and Risk Screen.
Wayne scored 7 and is high risk for future violence involvement.
After further assessment recommendations include: Project PAVE - individual and family counseling

**Violence Risk Assessment**
I have reviewed the results of the Violence Injury, Protection and Risk Screen.
Wayne scored *** and is [RISK:24468] for future violence involvement.
After further assessment recommendations include: [RECOMMENDATIONS:23992]

No further follow-up.
Follow-up with me in *** week/month for ***
Appointment with Bethany Ashby for ***
Conflict Center Classes
Project PAVE - individual and family counseling
Big Brothers/Big Sisters
Functional Family Therapy
Multi Systemic Family Therapy
Office Based Response to VIPRS Negative

- I see that you participated in the Violence Screening Study…
- The results of the screen show that you are…
  - Low risk for violence…I do have a few questions about
    - Question # 6- when were you last in a fight?
    - Do you have any concerns about it?
    - Were you injured?
The results of the screen show that you are...

- Low risk for violence...that’s great
- I still wanted to ask you whether you have been in any fights at all
The results of the screen show that you are...

- **Higher risk** for being involved in some violent behavior in the future...I only have answers to a few of the screening questions, so I wanted to explore this with you some more
- What about now- have you been in a fight recently?
- Have you had trouble with the law?
  - If so, what type of trouble
The results of the screen show higher risk ...

- Evaluate for mental health issues
- Substance use issues
After more in depth risk assessment

- Are you concerned about being higher risk for future violence?
- I am concerned about some of what you have shared...here are a couple ideas of what may help
  - Come back to see me in 4 weeks...keep track of what situations are making you mad...
  - It may be helpful to talk with a counselor who specializes in violence issues and teenagers
  - Lets talk with your mom – it seems like she has concerns about some of your behavior also...
Options for At Risk/Violence Involved Youth

- Office Based Counseling
- Motivational Interviewing
- Integrated Behavioral Health
  - warm hand off to Behavioral Health Clinician
SafERteens Intervention

- SafERteens 2.0 is a translation of an evidence-based brief intervention to prevent youth violence into routine Emergency Department clinical practice. This 30 minute single therapy session also addresses alcohol and drug use in relation to violence and occurs one-on-one with the teen during the Emergency
- [https://www.saferteens.org/home](https://www.saferteens.org/home)
- Training Materials
- Videos
Community Based Options for At Risk youth

- General Mental Health Referral
- Violence related referral
  - Project PAVE
  - Conflict Center
  - Big Brothers/Big Sisters
  - Gang Rescue and Support Project
  - Functional Family Therapy
  - Multisystemic Therapy
Prevention and Intervention

- Center for the Study and Prevention of Violence: www.colorado.edu/cspv
  - Evaluates hundreds of programs for evidence of effectiveness for Violence Prevention
Blueprints for Healthy Youth Development is a research project within the Center for the Study and Prevention of Violence, at the University of Colorado Boulder. The Blueprints mission is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development. This website provides information on the Blueprints project (such as background and a dissemination project related to the model program LifeSkills Training).

Please see our new website, www.blueprintsprograms.com, where you will find all of the Blueprints resources.
Multisystemic Therapy

- Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multisystemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems.

- Unlike other treatment models where the troubled youth sees a therapist at a clinic once a week, MST therapists go to where the youth lives, hangs out and attends school. This is because there is overwhelming evidence that all the components in an adolescent’s life—family, friends, school and neighborhood—contribute to serious anti-social activities.
MST

- Savio House (Denver, Longmont, CO Springs)
- Synergy (Denver)
- Jefferson County Mental Health
- Center for Effectiveness Research UC Denver
Functional Family Therapy

- FFT was developed in the early 1970's in response to a need for a treatment approach that engaged troubled youth and families to achieve attainable change and become more adaptable and productive. Multicultural and multiethnic in its approach, the efficiency of the model is supported by 29 years of national and international research which has demonstrated superior results in a wide range of settings.

- FFT is a short-term, high quality intervention program with an average of 12 sessions over a 3-4 month period. Services are conducted in both clinic and home settings, and can also be provided in a variety of settings including schools, child welfare facilities, probation and parole offices/aftercare systems, and mental health facilities.
FFT

FFT is a strength-based model. At its core is a focus and assessment of those risk and protective factors that impact the adolescent and his or her environment, with specific attention paid both intrafamilial and extrafamilial factors, and how they present within and influence the therapeutic process.
FFT

- Savio House - Denver
- IMPACT Partnership - Boulder
- Jefferson Center for Mental Health
- North Range Behavioral Health – Greely
- Summit Stone Health Partners - Ft. Collins
- Fremont and Gunnison County
Conflict Center-Denver

✨ Classes for adults and adolescents

✨ Designed for youth ages 11-18, Emotional Intelligence & Critical Decision Making is a skills-based curriculum specifically tailored to address concerns and difficulties youth are experiencing around making healthy decisions for themselves as well as how to recognize their emotions, especially anger, and manage them in non-violent ways.
Project PAVE-Denver

- Project PAVE (Promoting Alternatives to Violence Through Education) empowers youth to end the cycle of relationship violence. Our vision is to stop the generational cycle of domestic violence, sexual assault, child abuse and dating violence through prevention, education and early intervention.

- Clinical counseling- mostly focuses on victimization
Gang Rescue and Support Project/A-GRIP

- Local Program in Denver
- Started in early 90’s
- Led by former Gang Members
- Adult Advisors-juvenile justice, education, medical
- Weekly meetings, outings with youth
- Specifically for gang involved youth
- Refer through GRASP website
- Aurora GRIP
Mentoring: Big Brothers/Big Sisters, Metro Denver Partners

- Blueprint Program
- Any youth living in single parent household
- Refer through Big Brothers website or MDP’s website
Youth Violence

Youth violence is a significant public health problem that affects thousands of young people each day, and in turn, their families, schools, and communities. Youth violence typically involves young people hurting other peers who are unrelated to them and who they may or may not know well. Youth violence can take different forms. Examples include fights, bullying, threats with weapons, and gang-related violence. A young person can be involved with youth violence as a victim, offender, or witness.

Youth violence is preventable. The ultimate goal is to stop youth violence before it starts.
National Youth Violence Prevention Resource Center

A Federal resource for communities working to prevent violence committed by and against young people.

The mission of the NYVPRC is to provide key leaders in communities—local government leaders and community leaders—with dynamic resources to help support their efforts to plan, develop, implement, and evaluate effective youth violence prevention efforts. See About Us for more complete details about the NYVPRC.

News and Features

Hot Topics

- Communities Taking Action: Profiles of Health Equity – Preventing Violence
- YRBSS: Youth Risk Behavior Surveillance System – 2009 Results Now Available!
- AfterZones: Creating a Citywide System to Support and Sustain High-Quality After-School
- Facing the School Dropout Dilemma

Weekly News Features

- Hidden Cleveland: Boys & Girls Clubs Offer Youth a Choice
- Springfield Agencies Unite to Combat Youth Violence
- Summer Programs Prevent Teen Boredom
- San Clemente Club Shows It’s Cool to Be Kind
- New Study – Almost Seven Out of Ten Americans Agree: Gang Violence Among Youth Increased Because of Current Economy
- Gangs – Law Provides Tools to Target Gangs
Spotlight

OJJDP Invites Applicants for its Tribal Juvenile Justice Fellowship Program

OJJDP invites qualified individuals to apply under its FY 2010 Fellowship Program on Tribal Juvenile Justice. The fellowship represents an opportunity for professionals, practitioners, researchers, or trainers with expertise in tribal youth justice to assist OJJDP in strengthening its partnership with federally-recognized tribes to enhance juvenile justice and serve tribal youth and their families. The application deadline is July 19. more

Juvenile and Family Court Judges To Hold Annual Conference

On July 18-21, the National Council of Juvenile and Family Court Judges will hold its annual national conference in San Diego, CA. Conference participants will explore innovations in programming, opportunities for courts and communities, and assess the future of juvenile and family justice at this informative conference. more

In Focus

OJJDP works to prevent gang involvement, girls' delinquency, and underage drinking.

OJJDP assists victims of child trafficking.

NEWs @ a Glance

OJJDP News @ a Glance, May/June 2010

The latest issue of “OJJDP News @ a Glance” reports on:

- Group Mentoring Research and Evaluation Opportunities