Hospital-based violence intervention programs (HVIPs) have demonstrated reduced violence recidivism, but specific components for successful programs are not well defined\(^\text{i}\). At-risk Intervention and Mentoring (AIM), takes advantage of the *teachable moment* in the emergency department. This paper will follow AIM’s research journey which used a semi-structured interview, validated in the criminal justice system, to predict future violence for patients presenting to the emergency department and has now matured to focus on more client-centered outcomes. Over the past 4 years, the field has evolved to emphasize more qualitative outcome measures for patients, encompassing the unique experience of each patient.
