A Research Journey with a Hospital-based Violence Intervention Program (HVIP)

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Introduction
- Hospital-based violence intervention programs (HVIPs) have demonstrated reduced violence recidivism, but specific components for successful programs are not well defined.¹²
- At-risk Intervention and Mentoring (AIM) used a semi-structured interview, validated in the criminal justice system, to determine if recidivism for violent injury could be predicted as use this measurement tool.
- In Colorado, males aged 14-24 years have the highest homicide rates in the state, with nearly 80% involving a gun and African Americans have 6x the homicide rate than that of their white counter-parts.³
- Denver has a juvenile arrest rate that is 24% higher than the national average and homicide rates are nearly double compared to the rest of the state.⁴
- Intervention and mentorship play a key role in reducing cyclic violence in communities. It is a major public health crisis that is often underfunded and overlooked.

Methods
- This protocol was approved by COMIRB (#14-0313)
- Youth (aged 14-24) were enrolled during their hospital visit. The Violence Risk Scale (VRS) determined their risk level for criminal justice recidivism.
- Moderate and high-risk youth were randomized into three arms: 1) standard of care, 2) standard of care + bedside intervention, or 3) standard of care + bedside intervention + mentoring
- Youth enrolled in 2014-2016 were reviewed for emergency department visits prior to enrollment as well visits to date (2021).

Results

Emergency Department Visits After Enrollment

Conclusion
- The Violence Risk Scale may be predictive of not only intentional injury recidivism, but also of emergency department superusers.
- This population is clearly unique in its core demographics and may have disparities much more significant than what is presented.
- Despite the health insurance expansion, there is still an alarming percent of violently injured youth who remain uninsured.
- There are likely readily identifiable factors that can help direct recourses to the most at-risk groups.

Next steps
- This study has not been completed and has evolved over the past 7 years. No longer requiring a formal consent has allowed many more youth to participate and receive full services from AIM.
- Current IRB changes are to include a retrospective review of all participants and encompasses a more qualitative analysis of participant identified needs-assessment.
- National groups are working together to create and validate a measure of program success. This measure will need to be validated across several programs in the country.

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