

A Pediatric-focused Hospital-based Violence Intervention Program Improves Educational and Juvenile Court Outcomes in Violently Injured Pediatric Trauma Patients

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Introduction: Hospital-based Violence Intervention Programs (HVIPs) are multidisciplinary programs that combine the efforts of medical staff with community-based partners to provide safety planning, wraparound services, and trauma-informed care to violently injured people, many of whom are those most marginalized in our society. The SHIFT (Supporting and Healing Individuals From Trauma) Program at an ACS-verified Level 1 Pediatric Trauma Center supports victims of violent injuries and their families to decrease the risk of continued violence and long-term effects of adverse childhood experiences. We seek to prove enrollment in the SHIFT Program leads to a positive impact in the lives of pediatric victims of violent trauma.

Methods: All victims of violent injury (<18 years of age) were eligible for enrollment into SHIFT for 6-12 months depending on need. Violent injuries include gunshot wounds (GSW), knife stab wounds (KSW), and assault. Domestic violence, child abuse and sexual assault were excluded. Victims are provided links to community-based services, mentoring, home visits, follow-up assistance, and long-term case management. Primary outcomes were school enrollment, violent injury recidivism, and juvenile court involvement at one year. Chi square analysis was used to compare outcomes to baseline data (level of significance $p < 0.05$).

Results: Over 2 years, 141 patients and families were enrolled with a median age of 15 (IQR 12-16) years. Injuries included 75% GSW, 19% assault, and 6% KSW. On enrollment, 56% of patients were enrolled and regularly attending school which improved to 80% after enrolling in the program ($p < 0.001$). Previous violent injury occurred in 12% of patients at enrollment and violent injury recidivism was 8% at 1 year follow up ($p = 0.7531$). Overall, 8% of patients had been adjudicated by juvenile court in the past with only 6% with juvenile court involvement after enrollment ($p < 0.001$). Most of these children with post-enrollment juvenile court involvement had been previously adjudicated (75%). Five of the previously adjudicated kids did not have further charges after enrollment.

Conclusion: A Pediatric Hospital-based Violence Intervention Program providing resources to positively impact the lives of child victims of violence improves outcomes by significantly increasing educational achievement and decreasing juvenile court involvement.

One Liner: Enrollment in a pediatric hospital-based violence intervention program significantly improves school attendance and reduces juvenile court involvement among violently injured youth.