

STRONG CHILDREN'S RESEARCH CENTER

Summer Research Scholar

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ABSTRACT

Title: Rochester Youth Violence Partnership: Can Hospital Intervention for Violence Injury Be Used for Mental Health Care Linkage

Background: Compared to national averages, the City of Rochester has a high rate of poverty and violence. Nearly 30% of the population lives in poverty, and the city has the 4th highest homicide rate of any American city as of 2022. Being a victim of a firearm injury, in addition to creating visible wounds, has deleterious psychosocial outcomes for the victims. The COVID-19 pandemic has strained the healthcare industry and community, calling into question how effectively violence prevention measures, including linkage to resources, have been utilized both during and after the pandemic. One resource available through UR Medicine is the Rochester Youth Violence Partnership (RYVP). Hospital based violence intervention programs, such as the RYVP, target youth at a time in their life where they are emotionally vulnerable, safe, and primed for reflection. Interventions such as these are inexpensive and effective at reducing violence within vulnerable communities. The RYVP works with several local agencies and meet monthly to continually update the program to ensure they're meeting the current needs of the community. They work to make sure youth victims of violence are connected with psychiatric care and with Pathways to Peace (PTP) and 585 SNUG, programs which help to rehabilitate youth involved in violence by helping them lead a positive life and in turn helping the community as a whole. The RYVP works to make sure youth violence victims are set up with the appropriate resources and can be safely discharged into their community. The RYVP has no budget and as such relies on existing community resources and volunteer staffing. Due to the logistical challenges this creates, it is reasonable to question how closely their protocol is being followed and to expect some youth to tragically slip through the cracks.

Objective: The RYVP clinical database was updated using the trauma center registry YEARS and medical records of pediatric (less than 18 years old) victims of violence. The database records (n=108) were used to evaluate how closely the RYVP protocol is being followed and to identify trends in the data.

Results: Bar graphs of demographic data were used to highlight the racial disparity and gender disparity among pediatric victims of violence. Almost 90% of the patients in the trauma registry were Black/ African American (95, 88.0%) and male (88, 81.5%). Of those admitted to the hospital (n=84), most were admitted for the severity of the physical injury (81, 96%) versus psychological risk (3, 4%). For all pediatric victims of violence where full assessment was made (n= 105), only 22% (23) were recommended for psychiatric follow-up. Although social work assessments were conducted consistently, RYVP specific resource linkage varied (patients may have had multiple resource linkage): 25, 23% had no RYVP assessment or intervention; 14, 13% psychological evaluation; 15, 14% watched the information video; 34, 31% psychiatric evaluation; and 79, 73% agency referrals.

Conclusion: Discuss ways the data can be interpreted (possible talking points include COVID, poverty, race and gender schemas). Discuss possible improvements to the RYVP. Discuss limitations with the present study. Discuss limitations of the US healthcare system and future areas of research. Discuss areas that the current programs are succeeding in.

One idea:

Given the link between violent injury and psychological impact, data indicates there may be missed opportunity for psychological and psychiatric intervention at the time of hospitalization for violent injury. The RYVP program would benefit from constant updates and reviews of the clinical database.