Saferteens: An Effective Youth Violence Prevention Program in Emergency Care

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Abstract

Youth violence is a significant public health concern affecting thousands of young people daily. This paper presents SafERteens, an evidence-based behavioral intervention to reduce involvement in youth violence. The program, implemented in emergency care settings, uses motivational interviewing techniques to engage high-risk adolescents. This study examines the effectiveness, implementation challenges, and cost-effectiveness of SafERteens, highlighting its potential for widespread adoption in healthcare systems.

Keywords: Corporate fraud, Digital evidence, Digital forensics, Fraud investigation, Legal Implications.

I. Introduction

Youth violence, defined as the intentional use of physical force or power to threaten or harm others by young people aged 10-24, is a pervasive issue with far-reaching consequences. It manifests in various forms, including fights, bullying, threats, and gang-related violence. Youth violence not only results in immediate physical harm but also triggers long-lasting psychological trauma and socio-economic challenges, affecting families, schools, and communities at large.

In the United States, homicide is the third leading cause of death for youth. In 2016 alone, over 530,000 young people aged 10-24 were treated in emergency departments for violence-related injuries [1]. The economic burden is staggering, with homicides and nonfatal injuries costing the nation over \$21 billion annually in medical expenses and lost productivity. Addressing youth violence requires comprehensive, evidence-based prevention strategies targeting the root causes of violent behavior. Early interventions focused on reducing risk factors such as impulsive behavior, emotional dysregulation, and poor social skills are particularly effective [2].

II. SafERteens Program

SafERteens is an evidence-based behavioral intervention developed in 2006 by Rebecca Cunningham, M.D., and Maureen Walton, Ph.D., M.P.H. The program is designed to engage high-risk youth during emergency department visits, aiming to reduce their involvement in violence and related risk behaviors [5].

A. Intervention Approach

The SafERteens intervention employs motivational interviewing techniques in a 30-minute session during an emergency department visit. This approach emphasizes individual choice and responsibility, focusing on:

- Identifying positive life goals
- Reducing involvement in violence
- Addressing behaviors that increase violence risk, such as alcohol use [5]

B. Implementation Models

SafERteens offers two implementation models:

- Laptop-guided model: An interactive application where participants interact with on-screen cues and a virtual "buddy."
- Trained therapist model: Like the laptop-guided model but conducted by a knowledgeable therapist.

Both models follow a structured format, including personalized feedback, normative resetting, and skills training components.

III. Effectiveness and Challenges

A. Research Findings

Studies have demonstrated the effectiveness of SafERteens in reducing youth violence. Key findings include:

- 85% of participants found the program beneficial
- Increased self-efficacy to avoid combat
- Decreased pro-violence attitudes [6].
- Reduced violence and subsequent consequences compared to control groups.

B. Implementation Challenges

Despite its success, SafERteens faces implementation challenges:

- Staff availability
- Cost barriers
- Competition with other clinical needs
- Limited resources in busy clinical environments [6].

IV. Cost-Effectiveness and Future Directions

A. Economic Impact

SafERteens demonstrates cost-effectiveness by reducing long-term healthcare and societal costs associated with youth violence. Preventing injuries and their cascading effects translates to significant savings for healthcare systems and communities [7].

B. Broader Implementation

The program's success has spurred efforts to expand its application beyond emergency departments. Ongoing initiatives funded by the Centers for Disease Control and Prevention (CDC) are piloting SafERteens in primary care and behavioral health settings across Michigan, with promising results [3][4]. Future research will focus on refining the program's delivery methods, evaluating its adaptability, and exploring integration into national healthcare policies.

V. Conclusion

SafERteens exemplifies an innovative and impactful approach to addressing youth violence in emergency care settings. By leveraging motivational interviewing and focusing on the teachable moment,

the program empowers high-risk adolescents to adopt positive behavioral changes. Its demonstrated effectiveness and cost-efficiency make it a valuable addition to violence prevention strategies. However, overcoming implementation barriers and securing sustainable funding are critical for maximizing its potential. As the program continues to evolve, it holds the promise of transforming youth violence prevention efforts, creating safer and healthier communities.

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