New $1.2 million grant aims to prevent revictimization of trauma patients

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Could bedside intervention while a hospitalized patient recovers from traumatic injury help them avoid future revictimization? That's the focus of a study led by Sharven Taghavi, MD, MPH, MS, Division Chief of Trauma, Acute Surgery, and Surgical Critical Care in the Department of Surgery at Tulane University School of Medicine. The study builds on previous work by Tulane's Violence Prevention Institute (VPI), which focuses on making New Orleans a safer community.

The three-year study is being funded by a $1.2 million grant from the Centers for Disease Control and Prevention. The project aims to test the short and long-term effects of a hospital-initiated, community-integrated intervention and examine how social contexts influence the program's adoption and sustained effects.

Research shows that nearly 1 in 8 survivors of violent injury is likely to be injured again. VPI ran a hospital-initiated violent injury prevention (HVIP) program at University Medical Center New Orleans for patients aged 18 to 24. The new grant will enable researchers to expand the project to include patients aged 16 to 34 years old.

The program connects survivors of violent injury with resources, firearm safety training, and interventions designed to encourage behavioral change. The study is designed to help participants identify the obstacles that exist to making healthy changes and assist each survivor in setting and reaching personal goals. The study will help link survivors of violent injury to the Trauma Recovery Clinic at University Medical Center New Orleans, a hospital-based outpatient behavioral health clinic specially designed to meet the unique psychological and physical needs of patients following a traumatic injury.

This new study will also examine how the intervention is implemented to determine if it can be applied in other settings. Dr. Taghavi completed his residency and fellowships at Level 1 Trauma Centers in Philadelphia and Boston and has seen how intervention programs can break the cycle of violence.

"Prevention is the best trauma treatment," said Taghavi. "If we can reach survivors at the right moment, we can stop the cycle of violence before it starts again. Ultimately, I hope this work puts trauma surgeons like me out of the business of treating violent injuries."