

Hospital-based violence intervention programs (HVIPs) have demonstrated reduced violence recidivism, but specific components for successful programs are not well defined<sup>i,ii</sup>. At-risk Intervention and Mentoring (AIM), takes advantage of the *teachable moment* in the emergency department. This paper will follow AIM's research journey which used a semi-structured interview, validated in the criminal justice system, to predict future violence for patients presenting to the emergency department and has now matured to focus on more client-centered outcomes. Over the past 4 years, the field has evolved to emphasize more qualitative outcome measures for patients, encompassing the unique experience of each patient.

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<sup>i</sup> Zun LS, Downey L, Rosen J. The effectiveness of an ED-based violence prevention program. Am J Emerg Med. 2006 Jan; 24(1):8-13.

<sup>ii</sup> Cheng TL, Haynie D, Brenner R, Wright JL, Chung SE, Simons-Morton B. Effectiveness of a mentor-implemented, violence prevention intervention for assault-injured youths presenting to the emergency department: results of a randomized trial. Pediatrics. 2008 Nov; 122(5):938-46.