



A Qualitative Evaluation of
Navigator: An ED-based Violence
Intervention programme: Report
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Introduction

Violence was declared a leading worldwide public health problem by the World Health Assembly in 1996 (1) as it threatens the safety and well-being of individuals, families, and whole communities and impedes economic and human development(2). Worldwide around half a million people die every year due to interpersonal violence (3-5), making it a leading cause of death for people aged 15-44 years (6). For every death due to violence there are 20-40 more violent injuries requiring medical attention. (2) These figures cannot, however, convey the cost of violence in terms of its detriment to the mental health of victims, the financial expense, nor the societal disruption accompanying violent crime. By applying the public health approach, violence can be seen as a condition to be prevented rather than treated, with certain risk factors which can be identified and managed.(2) The ecological framework can be used to understand the interaction of factors which increase the risk of committing or becoming a victim of interpersonal violence. It divides these 'risk factors' into four connected levels: individual, relationships, community, and societal.

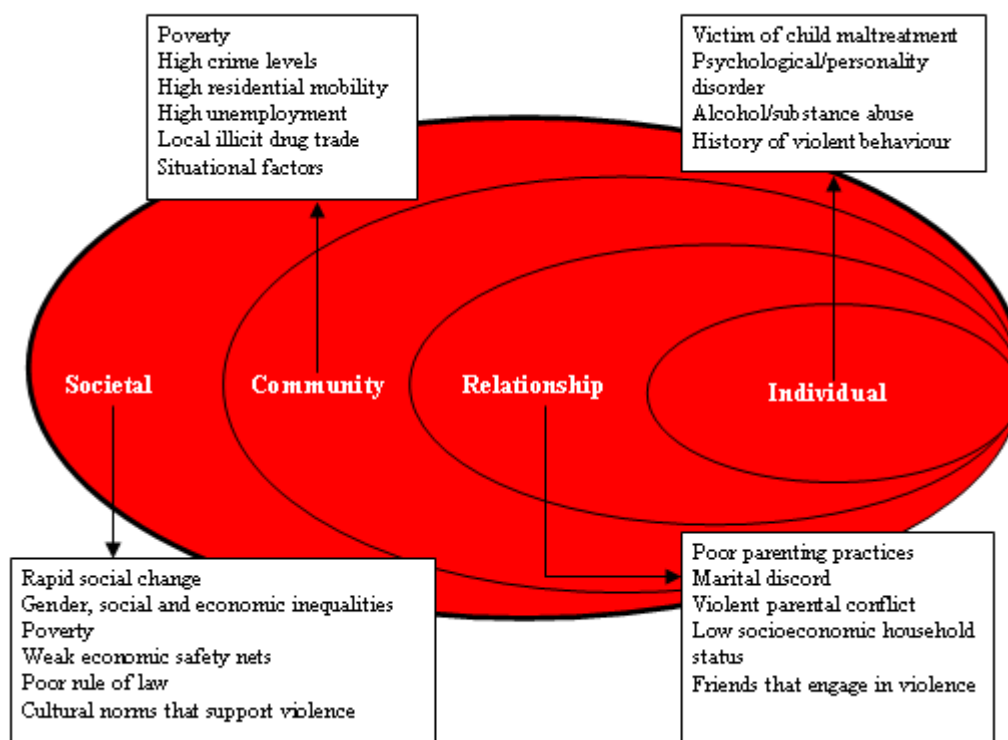


Figure 1 - Ecological model for understanding violence (WHO) (7)

Over the past ten years Scotland has seen a 38% decrease in recorded violent crime (8), attributable in part to projects implemented by the Scottish Violence Reduction Unit (VRU) to reduce violence through a public health approach(9). Navigator is a hospital-based violence intervention programme (HVIP), established in 2015 by the VRU in collaboration with third sector organisation Medics Against Violence. Navigator is based in the Emergency Departments of Glasgow and Edinburgh, where violent crime in Scotland is most concentrated(8). The intervention is aimed at breaking the 'cycle of violence'(10) and preventing violent injury through behavioural changes and risk factor modification. Violence is strongly associated with homelessness(11), substance misuse(12) and mental illness(2, 13), which are also features of deep social exclusion(14). Attendance to the emergency department brings the most excluded members of society into contact with the Navigator service so these are considered 'reachable moments' for violence intervention(15) and also 'teachable moments' for individuals. (10, 15, 16)

The purpose of this research is to evaluate the Navigator programme from the point of view of the service users. Using qualitative interviews, we will explore service users' perceptions of how the service has supported them and whether this support has been effective in creating a lasting change in their lives.

Methods

Study design

This qualitative study used semi-structured telephone interviews with service-users to generate themes describing the key experiences of service-users and how these experiences had impacted them.

Recruitment

Study participants were Navigator service users from both sites, Edinburgh and Glasgow. Potential participants were identified via convenience sampling through discussion with the Navigators. Service users who were willing to take part were contacted by the primary researcher via telephone in order to arrange a time for the interview.

All service users received an information sheet detailing the study protocol and verbal consent was obtained prior to participants being interviewed and recorded. The number of service users interviewed was decided by the point at which data saturation was achieved.

Data collection

Data was collected using semi-structured telephone interviews which lasted 10 minutes on average. Telephone interviews eliminated the need for participants to travel and allowed the process to be more inclusive towards all service users.

An interview schedule (shown in [Table 1](#)) was used to direct the interviews. The questions encouraged discussion of the participants' experiences pre- and post- Navigator, and the perceived benefits and limitations of the programme. Interviews were conducted by LS and the initial interviews were attended by RM and reviewed by DJL and CG so that all the authors could reflect and confirm the quality. The point of data saturation was also verified by all authors. Interviews were audio recorded and transcribed verbatim by a professional transcription service.

Interview schedule
1. Can you tell me about the first time you met the Navigator service in A&E?
2. Why did you decide to contact Navigator after you left hospital?
3. Can you tell what Navigator did when you met them again?
4. What was your life like before you met the Navigators? Had you been to A&E often before?
5. Has anything changed in your life since meeting Navigator?
6. Have you ever tried to change your lifestyle before?
7. Was there anything about the Navigator service that worked well for you?
8. What do you think would make the service better?

Table 1 – Interview schedule

Data analysis

Interview transcripts were anonymised during the transcription process. Audio recordings were listened to in order to confirm accuracy of transcription and fill in any missing data.

A process of thematic analysis was used. Data from the interviews were organised into coding categories which were reviewed by all authors in order to ensure validity and reduce potential for researcher bias. The coding categories formed the key themes which are discussed in the results. The use of a reflexive diary throughout the analysis process ensured transparency.

Data was stored on an encrypted memory stick and analysed on Microsoft Word on a password protected computer. Data did not contain any of the participant’s identifiable details. First names and phone numbers of participants were kept on an encrypted memory stick and destroyed on completion of the interviews.

Ethical approval

Approval was obtained from the local ethics committee. (Appendix 1) Ethical approval from the NHS ethics committee was not required as participants had been discharged from hospital at the time of participation.

Results

Eleven service users were interviewed in total. The participants’ age, sex, location (Edinburgh or Glasgow) and reasons for attendance to the Emergency Department are shown in Table 1 below.

Participant ID	Location of service	Sex	Age	ED attendance	Relevant history
1	Royal Infirmary Edinburgh	Female	54	Intentional overdose following domestic violence	
2	Royal Infirmary Edinburgh	Female	34	Intentional overdose	Regular overdose and self-harm
3	Royal Infirmary Edinburgh	Female	18	Intentional overdose	Regular overdose and violence towards ED staff/police

4	Royal Infirmery Edinburgh	Male	29	Assault, alcohol/drug abuse	
5	Royal Infirmery Edinburgh	Male	28	Withdrawal from methadone	Child protection issues
6	Royal Infirmery Edinburgh	Female	21	Serious assault by boyfriend	Addiction issues
7	Royal Infirmery Edinburgh	Male	24	Drug use, aggression/violence	
8	Royal Infirmery Edinburgh	Female	35	Assault by neighbour for being unable to pay drug debt	
9	Glasgow Royal Infirmery	Male	27	Stabbing	17 previous attendances for stabbings
10	Glasgow Royal Infirmery	Male	26	Mental health, alcohol/drug abuse	Addiction, violent offending
11	Glasgow Royal Infirmery	Male	30	Stabbing	27 previous attendances for stabbings

Table 1 – Demographics of participants interviewed for the study

Five main themes were generated during analysis of the interviews. Each main theme has several sub-themes that describe in more detail the key views and experiences of the Navigator service users. Main themes and sub-themes are shown in [Table 2](#)

Main Themes	Sub-themes
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Chaos	Violence Criminality Alcohol and drug problems Homelessness Mental health problems Lack of stability/support
Connection	Initial connection in the ED More personal than professional 'Someone who cared' Trust
Different approach	Lived experience Close follow-up Crisis support Working with family members
Impact of Navigator	Role of Navigator in bringing about change Stability and reduction in risk factors Increasing self-efficacy for change Breaking the 'cycle of violence'
Improving the service	Increasing capacity Extending hours

Table 2 – Themes and sub-themes generated by thematic analysis

Pre-Navigator 'chaos'

Many of the participants described their lives as 'chaotic' at the time when the Navigator service first reached out to them. This term was used in association with experiences of criminality, violence and alcohol and drug abuse.

"I was living a really chaotic life for about fifteen year. I was in an' out o' prison, I was heavily involved in violence and I was in a gang." (9)

"I was living a chaotic lifestyle, though alcohol and drugs misuse. I was in and out o' prison previous." (4)

Participants also described experiences of both homelessness and time in prison which had shaped their lifestyle. These experiences were most often connected to alcohol and drug use as well as violence.

"I'd been homeless since I was fourteen [...] and in and out of the cells from getting drunk or drugged up and kinda causing hassle because of my anger issues" (6)

Mental health problems were a key experience among most participants. Some participants talked about being depressed or using alcohol and drugs with the intention of harming themselves.

"I'd OD'd on diazepam and alcohol [...] Just pretty much gave up wi' the way I was living my life [...] I was just killin' mysel' wi' the drink and the drugs" (4)

Most participants were affected by a number of different (but connected) social problems which combined led to a lack of stability and support in their lives.

"My life was just pretty hectic, really up and doon. I didnae have any base o' security or... I didnae feel comfortable aroond people. Just a bit lost, to be honest" (5)

The responses of the participants indicated that their attendance to the emergency department was not the result of a one-off incident, rather it was a side-effect of a highly disordered and chaotic lifestyle.

Connection with Navigator

The participants generally felt that they had connected quickly with the Navigator and that this had made a positive difference to their experience in the emergency department. In the ED they had seen the Navigator as someone who was there to help them:

"the way he spoke to me, the way he looked at me, I just knew that he was on my side." (4)

"he made feel like it was his duty to help me" (6)

In particular, participants appreciated how the Navigator had taken the time to get to know them while they were in the ED and explore the issues which were underlying their attendance.

"He was willing tae listen and find oot what was, what was going on, and why I was in the state I was in" (5)

It would appear that participants were more comfortable talking to the Navigator than other specialists because they felt the interaction was more personal than professional.

"I felt like I was talking to a person, you know, not a professional, which was nice." (6)

"it's like I'm talking tae somebody that I've known for years. It's no' like I'm wi' a formal worker." (4)

Attendance to the ED was generally felt to be a frightening experience, but the presence of the Navigator in the ED had been a comfort to many of the participants.

"I was scared, really scared. So it was really nice, 'cause he was kind and friendly, and positive and reassuring" (1)

One participant described how the Navigator had managed to calm her down when she had been behaving aggressively towards staff and refusing treatment:

"I was kicking off really bad. And then he came and sat and spoke to me, and I don't know, I just instantly got a good vibe off him." (2)

Engaging with patients in the ED is a key part of the work of the Navigators as it is their opportunity to recruit patients for management in the community. When the Navigators meet patients in the community they can build on the positivity and trust of this initial connection.

Participants felt that they had close relationships with the Navigators and saw this as a strength of the service. It was meaningful for them to have someone in their lives who cared about them personally.

"I never seen them wance that it was just a job to them. I genuinely believed that they cared aboot what they were doing, and they cared about me." (9)

One participant discussed how having "someone who cared" had encouraged her and had helped her avoid harmful or destructive behaviours at times.

“There’s times I’ve been so low that I could’ve taken another overdose, and I’ve texted, and I’ve had a text back. Encouraging, positive. Or a phone call [...] that has really helped get me through it. ‘Cause someone cared.” (1)

One service-user described how his relationship with the Navigator had overcome a deep rooted mistrust of other people and given him someone he could open up to:

“I don’t even trust my ain mum [...] I just canne dae it, but, for some reason I can wi’ him.” (4)

From the responses of the participants we would suggest the development of close, personal relationships between the Navigators and the service-users is pivotal to delivering effective support and the overall success of the service.

Different approach

Several participants highlighted key differences between the Navigator service and other services that had accessed in relation to their social issues. Participants compared Navigator to services such as community mental health workers, social workers, drug workers, and psychologists, emphasising the difference in the approach of the Navigator service in supporting them.

“I’ve had loads o’ like alcohol workers, drug workers an’ that, it’s never worked for me. But this, this has” (5)

Several participants acknowledged that they had been more willing to engage with the Navigators because they felt that they had some experience of the same kinds of social issues that they were struggling with. This lived experience appears to make the Navigators more relatable as role models and mentors.

“I think it’s having somebody that actually understands what it’s like”

“It was purely, that they were sharing their experience wi’ me. Aboot maybe how they had done this and how this had happened tae them.”

As this last quote illustrates, participants felt that the advice the Navigators gave was easier to accept and trust in because of the experience behind it.

Participants also felt that they benefitted from having a service that followed up on them closely and didn't rely on contact always being made by the service user. They felt this created a more genuine sense of being cared for and of there being someone they could rely upon.

"he was constantly checking up on me, he was, just to make sure that everything was going alright [...] even when I wasn't in contact with him, he was always still checking up" (5)

One participant discussed the importance of this approach for service-users suffering mental health problems who may not be prepared to actively seek out the support that they need:

"the thing is about Navigator is they kind of, they come to you. 'Cause a lot of people that need support don't actually seek it out. They just kinda let it lie and then things get worse. Whereas Navigator, they kinda – not in a pressuring way – but they kinda like, they don't really let you off." (6)

Participants struggling with mental health issues also appreciated that the service was available to them at any time if they were in crisis. One participant described contacting his Navigator rather than turning to drink or drugs to cope with his mental health issues:

"when I feel like I'm going to relapse or, I feel like I want to tie myself up, they've never once, never once let me down. Like they're always, "Right, right, [Name of participant] we'll come and see you now." (4)

Another aspect of the Navigator approach is the encouragement of service-users to engage with their social circles including their family members. In some cases, this involves the Navigator working directly with family members to facilitate positive interactions. The participants who discussed communication between the Navigators and their family members felt that the inclusion of their family in the support had been helpful and had led to improvements in their relationships.

"I would say they've helped my relationship. Because [the Navigator] even like, he's gave my partner support. Like separately. [...] [the Navigator] has even phoned my mum and stuff" (4)

Working with family allows Navigator to build a support network for each individual in order to supplement their own support and facilitate sustained change.

A common theme from the responses of participants was that Navigator had helped them make significant changes in their lives. Many participants saw their engagement with Navigator as a turning point, at which their desire to change began to be translated into positive outcomes.

"As soon as I got in touch with them [...] I came out the hole that I was in and got the help that I needed." (8)

When asked whether they had ever tried to change their lifestyle before the Navigator programme, almost all the participants recounted previous attempts to change which had been unsuccessful. Most participants put their previous failure to make lasting changes down to a lack of tools and resources to supplement their desire to change.

"I would swear off alcohol, I would get a lengthy prison sentence and say 'I'm gonnae change my life, this is it, I'm fed up living this life.' But I never... I never knew how tae. I didnae know how tae stop drinking alcohol" (9)

This served to highlight the role of Navigator in providing service-users with the resources to change their life circumstances. Navigator facilitated change in different ways, such as offering emotional support and encouragement, making connections to recovery groups and other community-based services, and advocating for its clients within the social sector.

"the Navigators – it's a bit cliché here – they navigated me to other services where I could deal wi' some o' the stuff and trauma that I'd been through in my life. And heal fae that." (9)

Participants discussed the impact of Navigator on their lives in terms of a number of different positive outcomes, including sobriety from drugs and alcohol, permanent housing, employment, and healthy relationships.

"I'm in recovery, now, I'm fourteen and a half months sober from drugs and alcohol. I'm now in employment with the Violence Reduction Unit, being a mentor at Braveheart Industries. From a guy who's never worked and got no education in his life has now in full-time employment, doing something that's amazing [...] I'm in my own house wi' my partner. But also I'm a, I'm a good partner and I'm a good dad to my kids, today." (9)

These represent changes in the underlying social determinants of violence which put an individual at risk of violence. By addressing these determinants, Navigator creates stability in the lives of its service-users.

"I feel stable noo an' a'. [...] Like, really like stable, sober, out o' trouble. No fighting" (11)

In addition to changes in life circumstances, participants also described changes within themselves which they attribute to the Navigator programme. Participants reported increased confidence and self-belief which made them feel capable of making changes in their lives to move away from violence.

“the Navigators have definitely gave me that boost [...] sorta reassurin’ us that I can totally change [...] they showed me that, it’s like I can dae it, eh? And that it’s possible to dae.” (4)

These findings reveal an important part of the process of the Navigator programme: increasing self-efficacy. Theories for health behavioural change suggest that an intention or desire to change must be supplemented by self-efficacy (belief in their ability to change their behaviour) in order for change to be realised and maintained.(17, 18).

Navigator had direct impacts related to violence reduction and emergency department attendance. One participant spoke about how their Navigator had helped them think about alternatives to retaliation:

“she made me feel as if you don’t need revenge, you don’t need to dae that [...] She made me see the bigger picture” (11)

Prevention of retaliation and repeat injury is a focus for violence intervention initiatives, especially those based in hospitals which see repeat attendances for violent injuries. Almost all the participants were frequent attenders to the Emergency Department prior to becoming involved with Navigator. One participant made specific reference to a reduction in the number of times they had presented to the ED since working with Navigator:

“I was in A&E three or four times a week [...] I managed eight weeks without being in A&E.” (3)

This suggests that Navigator can be effective in breaking the ‘cycle of violence’ for service-users.

Improving the service

Participants were asked specifically about anything that they thought could be done to improve the Navigator service. The main criticism of the current programme was the limited capacity of the programme and availability of the Navigators.

“they’re really stretched [...] there’s only two of them for the whole of Edinburgh” (1)

“obviously they’re limited in what they can do, and what they can... get tae” (4)

Some participants felt that the Navigators struggled with managing the present workload.

“I would say like he struggles with time quite a bit” (2)

Participants also felt that the service would benefit from extending the number of hours that the Navigators were in the emergency department in order to reach more people.

“maybe more navigators in the hospitals, Monday tae Friday [...] if you’re injured on the wrong day, then you might no’ be fortunate enough tae meet this great service that only runs at the weekends.” (9)

“I guess the only thing that would make it better is if they were available every weekend, and not just three out o’ four.” (3)

Overall, participants had little criticism of how the service operates, mainly focussing on the potential for a greater reach of the service.

Discussion

This study provides the first evidence of the impact of the Navigator programme on service-users. Navigator is novel in that it attempts to address the social determinants of violence, of which mental illness, substance dependency, homelessness, and experience of institutions such as prison, are key. These are all common experiences of the service-users and combined lead to deep social exclusion(14). This population is generally poorly understood and typically difficult to work with. This study provides some rare insight into the complexity of their needs which are unmet by conventional social services. The findings suggest that the Navigator service is effective at identifying and engaging with individuals who have otherwise ‘slipped through the net’.

The evidence to support hospital based violence intervention programmes is still emerging and this study contributes to the expanding body of research in this area. A number of high quality single centre evaluations, including some randomized controlled trials, have now been conducted which have demonstrated positive results across a range of outcomes(15, 19-22). Despite some promising

results, systematic reviews of the literature indicate that there is insufficient evidence of effect on rates of violent re-injury and death for them to be considered an evidence-based practice(16, 23). However, when secondary outcomes such as alcohol and drug use, rearrests and conviction rates are examined, the benefits of these programmes are more tangible. Thus far, cost effective analyses of these programmes agree that they do have a cost-saving effect. (21, 23) It therefore follows that HVIPs may help to address the societal and economic costs of violence.

It is recognised in the literature that the connection between the violently injured patient and the intervention provider in the ED is pivotal to the success of the intervention(10), as it capitalises on the 'teachable moment' – a short window of opportunity where the patient is more open to changing their behaviour in response to intervention. (24, 25). One of the major barriers to this is the chaotic background of individuals involved in violence which leads them to be suspicious or mistrustful of professionals. (10, 16, 26). The responses of the participants in this study suggest that the Navigators have effectively overcome this barrier and are able to build rapport with violently injured patients. Participants reported feeling soothed by the presence of the Navigator in the ED and staff have previously reported a reduction in aggressive behaviour while the Navigators were there. (27). Violence in the emergency department is another significant barrier to managing the complex needs of patients(28, 29), which appears to be broken down by Navigator.

The results of this qualitative evaluation capture the process of the Navigator programme and the subjective outcomes as experienced by the service users. While some participants did discuss outcomes such as non-retaliation and reduction in emergency department attendances, which can also be seen to have clear effects for the healthcare and criminal justice services, these were not perceived as the most significant benefits of the service. Rather, it was outcomes such as increased self-efficacy and stability in their lives that the service users considered important. By employing qualitative methodology, we can identify what outcomes are important for the population served and how change can be achieved in their lives. Other qualitative studies into user experiences of other violence intervention programmes have demonstrated outcomes such as improvements in confidence and desire to accomplish goals, and better control in potential conflict situations(26, 30).

As part of the evaluation of the programme, this research examined service-user's views on ways in which the Navigator service could be improved. The responses demonstrated an overall acceptability of the service at present, with the main suggestion for improvement being increasing capacity. The challenges to this are securing appropriate funding and finding staff with the skills and experience

required to provide this unique service. Some service users also suggested the service be expanded to cover more hours in the emergency department. More research on the cost-effectiveness of increasing Navigator presence in the emergency department should be done to support this.

Limitations

The main limitation of this study is the use of convenience sampling by the Navigator service to identify prospective participants for the study. Therefore, the participants were service users who had high levels of contact with the Navigators and as a result may be more likely to express positive opinions about the service. Another potential limitation is the use of telephone interviews in place of face-face interviews and the loss of non-verbal communication. However, telephone interviews were chosen in order to overcome some of the well-documented challenges of conducting studies with users of violence intervention programmes(23) and some research indicates that telephone interviews produce a similar quality of data(31, 32).

Future work

Integration of this evaluation with prior research into ED staff perceptions of Navigator and future analysis of cost effectiveness is intended to give a fuller picture of the efficiency and impact of the service. Further research is needed to quantitatively analyse outcomes of the Navigator programme, ideally comparing this to an appropriate control group.

Conclusion

In conclusion, our findings show that the Navigator service has been invaluable to the participants of study, and suggest that it has the potential for even greater impact with expansion of the service. Though this study we were able to understand more fully the long-term effects the navigator program has on service users and how the programme works to create sustainable change in their lives. Evaluation of Navigator is essential to build an evidence base for the management of violently injured patients and sustain funding required for the service's continued development and improvement.

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