24.

BUILDING YOUTH RESILIENCE TO ADVERSE CHILDHOOD EXPERIENCES: SMALL GROUP THERAPY IN AN URBAN SCHOOL-BASED HEALTH CENTER
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Purpose: Chronic adverse childhood experiences (ACEs) can result in life-long cognitive, emotional and physical impairments. Resilience skills are teachable and have been shown to mitigate the negative impact of ACEs. Health care providers are optimally positioned to address ACEs, but therapeutic models for ACE mitigation are unproven. We provided small group therapy in conjunction with an urban school-based health center (SBHC), and evaluated the impact on youth resilience.

Methods: We identified urban middle school students at highest risk for poor outcomes using ACEs screening, and delivered a weekly small group intervention (Adolescent Dialectical Behavior Therapy; A-DBT, adapted for high risk students) from October through May for each of three school years (2016-19). We included in Year 1, Grades 6&7 with > 2 ACEs; in Year 2, Grades 7&8 with > 2 ACEs, and in Year 3, Grades 7&8 with > 3 ACEs. For Year 1, we retrospectively reviewed de-identified data for all students. In Year 2 and 3, data were collected prospectively for students who assented to participate. Measures included: 1) resilience screening of all assenting students using the Child and Youth Resilience Measure—Short Form, collected in September and June, to compare changes in resilience among students with higher vs lower ACEs; 2) changes in individual levels of resilience (CYRM-Full Form), collected each year at the first and last A-DBT group sessions; and 3) group attendance and socio-demographic characteristics of students in A-DBT groups, to assess intervention feasibility.

Results: Our 563 records show that students were 53% male, 66% black or bi-racial, had a mean age of 12.40 (.74 SD), and an average ACE total of 2.12 (2.03 SD). The number of students eligible and enrolled in A-DBT groups were: Year 1: 167 (42% of total screened); Year 2: 72 (48%); Year 3: 87 (34%). Of students enrolled in A-DBT groups, 58% completed treatment (>75% of sessions). Prior to A-DBT, students eligible for intervention in Year 1 and 3, compared to students with lower ACEs, had significantly lower overall resilience (Year 1: p = .011; Year 3: p = .008). Post-intervention, these differences disappeared (Year 1: p = .568; Year 3: p = .384). In Year 2, no differences in resilience were seen between groups at either time point. For students completing treatment In Year 1 and 3, we found trends toward improved individual-level resilience pre- vs post-intervention (Year 1: p=.054; Year 3: p = .120).

Conclusions: Given our high enrollment and completion rates, adapted A-DBT provided through an urban SBHC appears feasible. Our results suggest that this intervention may be effective in improving resilience among very high risk students, potentially mitigating the impact of their risk. Youth with high ACEs who received A-DBT tended to improve in their individual resiliency, and as a group, post-intervention, they functioned at similar levels to their lower risk peers. These preliminary results suggest that A-DBT, adapted for students with high ACEs and provided as part of a SBHC, has the potential to improve the resilience of vulnerable youth.

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TESTING FEASIBILITY/ACCEPTABILITY AND INITIAL OUTCOMES OF A SPIRITUALLY-BASED CHARACTER STRENGTHS TRAINING CURRICULUM TO ENHANCE RESILIENCE AND REDUCE SUBSTANCE USE RATES AMONG ZAMBIAN ADOLESCENTS.

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**Purpose:** Character-based resilience training has potential to yield great dividends for youth in low/middle income countries (LMIC). Strategies that promote adolescent flourishing and lower risk behaviors are key to the UN’s Sustainable Development Agenda, and critical for LMIC countries like Zambia where half the population is under age 17. Global Resilience Oral Workshops (GROW) is a 24-week curriculum rooted in positive psychology and spirituality, teaching character strengths such as psychological resilience, hope, and grit. We report initial findings from a cluster-randomized trial evaluating feasibility, acceptability, and effects of GROW on youth character strengths and substance use.

**Methods:** Twenty-eight classes of youth ages 10-13 were recruited (youth assent/parent permission) from 21 schools throughout Lusaka, Zambia. Classes were randomly assigned to an initial-start (Phase-1 GROW implementation, n=15 classes) or delayed-start (Phase-2 GROW implementation, n=13 classes) arm. Study procedures were approved by U.S. and Zambian IRBs. Each GROW class is taught weekly by 2 trained leaders addressing one character strength per session using Bible story role models, drama, music/dance, problem-solving, teamwork activities, and spiritual practices. Program feasibility was assessed by class attendance; cultural acceptability through focus groups with parents, school administrators, GROW leaders and students conducted at Phase-1 completion; and program outcomes using confidential self-administered questionnaires completed by all students at baseline (T1), post-Phase-1 (T2), and post-Phase-2 (T3). Items assessed demographics, resilience (Connor-Davidson Resilience Scale), hope (Children’s Hope Scale), grit (Grit Short Scale), spirituality (Daily Spiritual Experiences), gratitude (Gratitude Questionnaire), lifetime/past-month alcohol use, and lifetime drug use. The study is ongoing; here we present findings from T1 and T2. We conducted bivariate analysis to assess baseline group equivalence and examined outcomes using generalized linear modeling, adjusting for school effects and baseline differences between groups.

**Results:** At baseline, the sample (N=643 students; 344 initial-start; 299 delayed-start) had mean(SD) age of 11.4(0.9) years; 55.4% were girls; 68.0% lived with two parents/caregivers; 38.6% lived in <3-room homes; 12.5% had <3 meals/day; 27.8%/13.2% reported lifetime/past-30-day alcohol use; 8.2% reported any lifetime tobacco/drug use. The delayed-start group had older mean age (11.5[1.03] vs. 11.3[0.9] years, p=.035) and a higher proportion reporting <3 meals/day (15.7% vs. 9.6%, p=.020). These were entered as control variables in outcomes analyses. Phase-1 program attendance was high (median number of classes attended=23 of 24 max, IQR 20-24). All focus groups strongly affirmed the program’s cultural appropriateness and described positive effects on students’ school attendance and character at school and home. Quantitative analysis found significant group by time interaction effects for resilience and hope (p<.01), with T1 to T2 increases seen in the initial-start group but not in the delayed-start group. We found significantly lower rates at T2 of past-30-day alcohol use in the initial-start group.
compared to the delayed-start group (10.0% vs. 18.5%, relative risk ratio=0.50, 95%CI 0.31-0.80). We found no other immediate character or substance use-related effects.

**Conclusions:** Character training programs such as GROW Zambia show promise for enhancing psychological resilience and reducing risk behaviors among LMIC youth.

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**SEXUAL ORIENTATION DISPARITIES IN VIOLENCE VICTIMIZATION AND PERPETRATION AMONG YOUTH OF COLOR LIVING IN NEIGHBORHOODS WITH CONCENTRATED DISADVANTAGE**

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**Purpose:** Sexual minority youth (e.g. gay, lesbian, or bisexual youth) are at substantially greater risk than their heterosexual peers for experiencing violence victimization (including sexual violence). However, these disparities have rarely been examined among youth of color living in neighborhoods with concentrated disadvantage. Additionally, few studies have examined sexual orientation disparities in violence perpetration. No violence prevention programs are tailored for sexual minority youth. To fill these gaps, we examined sexual orientation disparities in violence victimization and perpetration in neighborhoods with high poverty and violence exposure.

**Methods:** We analyzed data from a community-based, cluster-randomized controlled trial conducted among adolescent males ages 13-19 in 20 neighborhoods with concentrated disadvantage in Pittsburgh, PA. Of 866 participants, 90% identified as youth of color. Participants completed violence perpetration measures (including sexual violence, intimate partner violence (IPV), and sexual harassment) at baseline and violence victimization measures (including physical and sexual violence, as well as bullying) after delivery of the control or intervention program. To examine sexual orientation (based on sexual identity and behavior) differences in violence victimization and perpetration, we used generalized linear mixed models that accounted for neighborhood-level clustering and adjusted for age, race/ethnicity, parent/caregiver education, nativity, juvenile justice involvement, and study condition (for victimization only).

**Results:** The prevalence of violence victimization and perpetration was high in the sample overall; for example, 59% of youth perpetrated any sexual violence or adolescent relationship abuse in the past 9 months, and 41% experienced bullying victimization in the past 3 months. Multivariable results showed that, compared with heterosexual youth, sexual minority youth had higher odds of reporting perpetration of any sexual violence or adolescent relationship abuse (OR=2.26 95% CI=1.45-3.52), sexual violence (OR=3.39; 95% CI=1.80-6.39), intimate partner violence (OR=3.62, 95% CI=1.69-7.74), sexual violence against someone who was not a dating partner (OR=3.12, 95% CI=1.44,6.75), sexual harassment (OR=2.37, 95% CI=1.56-3.59), and cyber sexual abuse (OR=3.24, 95% CI=1.94-5.39). Odds of violence victimization did not differ between sexual minority and heterosexual youth.
Conclusions: Sexual minority youth had significantly higher rates of violence perpetration compared with heterosexual youth. Importantly, compared with prior national studies, our study found much higher prevalence of violence victimization and perpetration among youth of color living in neighborhoods with concentrated disadvantage. Additionally, in contrast to existing studies, violence victimization did not differ by sexual orientation. This is likely due to the higher prevalence of violence victimization in our sample in comparison to national data. Our findings must be considered in light of Disempowerment, Minority Stress, and Intersectionality Theories, which state that sexual minority youth of color disproportionately experience multiple risk factors (e.g., internalized homophobia, perceived stigma, and identity concealment) that increase their risk for perpetrating violence. Given these high rates of violence experience, future research is urgently needed to identify factors that contribute to the elevated risk of violence perpetration among sexual minority youth of color and interventions are needed to reduce these disparities.

Sources of Support: Funding for original study: Centers for Disease Control and Prevention, U01CE002528

27.

EFFECTS OF TWO CBPR PROGRAMS ON VIOLENCE OUTSIDE OF AND IN SCHOOL AMONG ADOLESCENTS AND YOUNG ADULTS IN A LATINO COMMUNITY
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Purpose: Violence is the leading cause of death among Latino adolescents and young adults in the Americas. Community Based Participatory Action Research (CBPR) methods engaged youth and parents in the development and implementation of two programs. A Violence Prevention Program (VPP) focused on risk factors for violence while a Positive Youth Development Program (PYDP) focused on protective factors. Program effects on violence outside of and in school were assessed at 6 and 12 months.

Methods: Both programs included an 8 week internet program and a youth summit. Program content was developed with youth and parents through 19 community meetings over the course of 17 months. Participants were invited by mail to enroll in the study and were randomized twice, first to the VPP and a no-VPP control group and then again to the PYDP and a no-PYDP control group. Participants completed self-administered baseline surveys and repeat assessments at 6 and 12 months. Participants self-reported perpetration of 10 potential acts of violence outside of school and in school in the last 30 days. Four ANCOVA models examined VPP and PYDP effects on violence outside of and in school at 6 and 12 months. Each model included two between-group factors (VPP vs. no-VPP and PYDP vs. no-PYDP). Significant covariates (p<.10), in bivariate correlation analyses, were entered in the ANCOVA models.

Results: 303 (65%) of 466 participants enrolled in the study completed 6 and/or 12 month assessments. The analysis sample was 86% Latino, 56% female, 36% 10-13, 45% 14-18, and 19% 19-23 years old. ANCOVA models of 6 month outcomes demonstrated a program interaction effect for violence outside of school (p=.004) and a PYDP effect for violence in school (p=.016). Youth who participated in both programs reported a mean of 2.6 acts of violence outside of school. This was lower than the 7.8 reported by those who participated in the VPP only (p=.002) and the 6.5 reported by those who
participated in the PYDP only (p=.020). Youth who participated in the PYDP reported a mean of 3.6 acts of violence in school while those who did not participate in the PYDP reported a mean of 6.1 acts of violence in school (p=.014). ANCOVA models of 12 month outcomes demonstrated a VPP effect for violence outside of school (p=.025) and no program effects for violence in school (p>.41). Youth who participated in the VPP reported a mean of 2.5 acts of violence outside of school while those who did not participate in the VPP reported a mean of 4.4 acts of violence outside of school (p=.025).

**Conclusions:** Using CBPR to engage adolescents, young adults, and parents to address locally relevant health issues can have multiple benefits. In this study, a CBPR Violence Prevention Program had positive effects on violence outside of school at 12 months and at 6 months (in combination with a PYD Program). The PYD program also had positive effects on violence in school at 6 months. CBPR violence prevention programs should address both risk and protective factors.

**Sources of Support:** Texas Department of State Health Services

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**28.**

**ADOLESCENT-ADULT SUPPORT NETWORKS AND VIOLENCE EXPOSURE AMONG MALE YOUTH IN LOW RESOURCE NEIGHBORHOODS**

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**Purpose:** Male youth residing in low-resource neighborhoods experience high rates of violence perpetration, victimization, and witnessing. Adult connections are important sources of social support for youth, with the provision of both emotional and instrumental support providing protection against multiple health risk behaviors, including violence. Prior research in low resource urban populations suggests that the simple presence of a supportive adult may not universally confer protection in neighborhoods with high levels of community violence. This study aimed to describe adolescent-adult support network structure and quality and analyze associations between network properties, strength of emotional and instrumental support, and violence exposure among male youth in low resource neighborhoods.

**Methods:** We enrolled 45 male youths, ages 13-21, as part of a community-based violence prevention study in low-resource neighborhoods in Pittsburgh, PA. Youth completed a survey quantifying past 30-day violence perpetration, victimization, and witnessing (operationalized as any/none), overall measures of emotional and instrumental support, and the strength of social support from family, community, and school. Logistic regression examined associations between 1) perceived strength of overall emotional and instrumental support 2) Strength of social support type, and violence exposure. Additionally, youth completed a social network survey describing their key adult supports. Logistic regression examined the association between network size and violence exposure. ORA-LITE social network software was used to visualize adolescent-adult support networks and calculate network density and centrality measures. Nonparametric and parametric t-tests examined associations between network density and centrality, and violence exposure.
Results: Mean participant age was 17.6 years (SD=1.45); 77.8% were African American. In the past 30 days, 84% had witnessed violence, 60% had perpetrated violence, and 69% had been victimized by violence. Increased immediate family support and increased extended family support were associated with significantly higher odds of witnessing violence (OR: 4.91, 95%CI: 1.25, 19.63; OR: 3.99, 95%CI: 1.23, 13.01, respectively). No significant associations were found between overall perceived strength of emotional and instrumental support and violence exposure. Details from the in-depth social network survey revealed that the average number of adult supports was 4.8 (range: 1-14). 71% of key supports identified by youth were immediate or extended family. Increased number of adult supports was associated with higher odds of witnessing violence (OR: 2.17, 95%CI: 1.01, 4.66). Additionally, network density (Median=0.50, IQR=0.40-0.50) and eigenvector centrality (Mean=0.61, SD=0.14) were significantly inversely associated with witnessing violence (z=2.32, p=0.02; t(41)=3.45, p<0.01, respectively).

Conclusions: Youth reported high levels of violence exposure. Findings highlight complex associations between adolescent-adult support network structure, relationship quality, and violence. Direct associations found between family support and witnessing violence may reflect families providing increased perceptible support to help youth navigate high levels of community violence. Inverse associations found between adolescent-adult support network structures and violence exposure suggest that the overall cohesiveness of a network and influence of actors within that network may act as protective factors against witnessing violence. Further work should identify how adolescent-adult support networks may be leveraged to provide protection from violence perpetration and victimization.

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29.

FAMILY SEPARATION AND LATINX YOUTH HEALTH OUTCOMES: UNDERSTANDING RISK AND OPPORTUNITIES FOR RESILIENCE
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Purpose: Parental separation is considered an adverse childhood event and can lead to negative health consequences across the lifespan. Given the current immigration climate, research is urgently needed examining the impact of parental separation on adolescent health among Latinx immigrant families, particularly in states with an influx of Latinx immigrants since the 1990s. Drawing on data from Aqui Para Ti/Here for You (APT), a primary care clinic and behavioral health home serving Latinx patients in Minnesota, this study assessed health outcomes among youth who reported separation from a parent.

Methods: Since 2007, all APT patients are asked to complete a Guidelines for Adolescent Preventive Services (GAPS) Questionnaire that has been expanded to include questions about parental separation. This study analyzed data from 2007 - 2019. Linear and logistic regressions were utilized to evaluate associations between parent separation and health, adjusted for age, gender, country of birth, language spoken at home, and parental country of birth.
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**Friday, March 13, 2020 – 2:45 - 4:15 p.m.**

**Results:** A total of 824 youth completing the survey answered the questions regarding parent separation. Approximately half of the youth (53.2%) were born in the United States, 35.2% in Mexico, and 11.7% in other countries. A total of 43.0% percent of youth reported separation from one or more parent. Youth who spoke only Spanish at home were more likely to experience separation (72.7%, p<0.001). After adjusting for confounders, youth who reported separation were less likely to report having a friend to talk to (p=0.016) and less likely to attend school or college (p=0.002). They were less likely to use condoms (p=0.014) and more likely to have been involved in a pregnancy (p=0.030). However, they were less likely to report three or more sexual partners in the past year (p=0.014), were slightly older at the time of first sexual activity (15.3 years compared to 14.9 years, p=0.013), and less likely to use illicit substances (p=0.016). There were no significant associations between mental health outcomes (depression, suicidal thoughts, or self-harm), bullying, school suspension, police or gang involvement, or carrying a weapon.

**Conclusions:** While parental separation is associated with multiple risk factors, including unsafe sex and involvement in a pregnancy, youth reporting parental separation also reported later age of sexual debut, decreased use of illicit substances, and fewer sexual partners. Adultification may play a role in these findings, as the removal of a caregiver may push youth to take on adult roles such as parenting younger siblings or working outside the home. This study demonstrates that parent separation has significant impact on the health of Latinx youth, but additional research is needed to identify risks and opportunities to promote resilience in this population.

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