You are being invited to participate in a research study titled Violence Prevention. This study is being done by Dr. Susan Biffl from the University of California - San Diego (UCSD). You were selected to participate in this study because you are currently working with victims of violent crime at a trauma center or rehabilitation facility.

The purpose of this research study is to identify strategies for violence prevention through care provider input to ensure that comprehensive interventions are implemented to address biases, remove barriers, and provide the necessary support that is vital to treating adolescent victims of violent crime. If you agree to take part in this study, you will be asked to complete a survey/questionnaire. If you are a program director this survey/questionnaire will ask you to identify demographic information about yourself as well as your facility and the patients seen. If you are a staff member this survey/questionnaire will ask you to identify demographic information about yourself and will seek your opinion on several topics that arise while working with victims of violent crime. This survey/questionnaire will take you approximately 15-20 minutes to complete.

There is no direct benefit to you from this research. The investigator(s), however, may learn more about barriers and biases that prevent adolescent victims of violent crime from receiving optimal treatment and follow-up care.

There are minimal risks associated with this research study. As with all research, there is a risk of breach of confidentiality. This means someone who is not part of the study or treatment team may accidentally have access to your information. Your identifiable information that is recorded for study purposes will be kept on a password-protected computer at RCHSD for tracking your follow-up only and will only be accessible to the study team here at RCHSD. Research records will be kept confidential to the extent allowed by law and may be reviewed by the UCSD Institutional Review Board and Other regulatory agencies responsible for overseeing research.

Your participation in this study is completely voluntary and you can withdraw at any time by simply stopping the survey. Choosing not to participate or withdrawing will result in no penalty or loss of benefits to which you are entitled. You are free to skip any question that you choose.

If you have questions about this project or if you have a research-related problem, you may contact the researcher(s), Dr. Susan Biffl at 858-966-8974. If you have any questions concerning your rights as a research subject, you may contact the UCSD's Office of IRB Administration (OIA) at 858-246-HRPP (858-246-4777).

By completing and submitting the attached survey/questionnaire you are indicating that you have read this consent form and agree to participate in this research study. Please keep this page for your records and return the survey/questionnaire to the researchers.

1. Record ID: \_\_\_\_\_\_\_\_\_\_\_
2. Would you be willing to participate in an anonymous survey to assess attitude regarding care and needs of victims of violent crime?
	* Yes
	* No
		+ If no, STOP here
3. Identify your center by choosing one of the following:
	* Free standing Adult Acute Rehabilitation Facility
	* Adult Acute Rehabilitation unit within Hospital
	* Free standing Pediatric Acute Rehabilitation Facility
	* Pediatric Acute Rehabilitation unit within Hospital
	* Skilled Nursing Facility (SNF) or Long Term Acute Care Facility (LTAC)
	* Home Health Care Agency with Rehabilitation Services
	* Outpatient rehabilitation clinic
	* Other:\_\_\_\_\_\_\_\_\_\_\_
4. Institutional Role: \_\_\_\_\_\_\_\_\_\_\_
5. Race:
	* Asian
	* American Indian or Alaska Native
	* Black/African American
	* Native Hawaiian or Pacific Islander
	* White
	* Other: \_\_\_\_\_\_\_\_\_\_\_
	* Prefer not to answer
6. Ethnicity:
	* Hispanic/Latinx
	* Not Hispanic/Latinx
	* Prefer not to answer
7. Choose the option that best describes your associated trauma center or trauma centers who send patients to you (choose as many as apply)
	* A pediatric trauma center
	* An adult trauma center that only cares for adults and older adolescents (specify lower age limit)\_\_\_\_\_\_\_
	* An adult trauma center that commonly cares for both pediatric and adult patients
	* Other: \_\_\_\_\_\_\_\_\_\_\_
8. If your program is not a pediatric rehabilitation center, how close is the nearest pediatric rehabilitation center to your hospital (in mi)? \_\_\_\_\_\_\_\_\_\_
9. Are you CARF accredited? \_\_\_\_\_\_\_\_\_\_\_\_\_
10. Choose the option that best describes the community you serve:
	* Rural
	* Suburban
	* Urban
	* Mixed
11. What are rates of violence in your catchment area?
	* High
	* Medium
	* Low
	* Comment \_\_\_\_\_\_\_\_\_\_\_\_
12. What is the racial/ethnic composition of all rehabilitation admissions at your center? Please give approximate percentages
	* Race:
		+ Asian: \_\_\_\_
		+ American Indian or Alaska Native: \_\_\_\_
		+ Black/African American: \_\_\_\_
		+ Native Hawaiian or Pacific Islander: \_\_\_\_
		+ White: \_\_\_\_
		+ Other: \_\_\_\_\_\_\_\_\_\_\_
	* Ethnicity:
		+ Hispanic/Latinx: \_\_\_\_
		+ Not Hispanic/Latinx: \_\_\_\_
13. What security measures are present in your hospital to prevent violence?
	* Policies
	* Weapons screening
	* Security at entrance
	* Other\_\_\_\_\_\_\_\_\_\_\_\_
14. What is the uninsured/publicly insured/privately insured composition of all trauma admissions at your center? Please approximate percentages\_\_\_\_\_\_\_\_\_
15. What is the incidence of disruptive behaviors in victims of violence and their visitors at your rehabilitative care center? (may be anecdotal)
	* Frequently
	* Occasionally
	* Rarely
	* Never
16. How many trauma patients do you care for annually? \_\_\_\_\_\_\_\_\_
17. What proportion of your trauma admissions to rehabilitation are victims of violence (i.e., penetrating injuries + blunt assaults)? \_\_\_\_\_\_\_\_\_\_\_
18. What is the racial/ethnic composition of victims of violence at your center?
	* Race:
		+ Asian: \_\_\_\_
		+ American Indian or Alaska Native: \_\_\_\_
		+ Black/African American: \_\_\_\_
		+ Native Hawaiian or Pacific Islander: \_\_\_\_
		+ White: \_\_\_\_
		+ Other: \_\_\_\_\_\_\_\_\_\_\_
	* Ethnicity:
		+ Hispanic/Latinx: \_\_\_\_
		+ Not Hispanic/Latinx: \_\_\_\_
19. What is the uninsured/publicly insured/privately insured composition of victims of violence at your center? \_\_\_\_\_\_\_\_\_
20. Does your rehabilitative program have specific support services for victims of violence such as violence prevention programs, connection to victim’s advocacy services or connection to community support services?
	* Yes, Formal program- please describe
	* Yes, Social work available please describe resources that patients and families are connected to
	* Psychology/Psychiatry
	* No
	* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
21. Does your center provide counseling for victims of violence?
	* Yes, inpatient only
	* Yes, outpatient only
	* Yes, inpatient and outpatient
	* No
22. Does your institution have an addiction medicine program to link to substance abuse treatment?
	* Yes
		+ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* No