Excellence is just the beginning.

School Nurses and Staff on the Frontline: Caring for Youth & Communities Affected by Firearm Violence

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RUSH

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Disclosure(s)

- Dr. Chuka Emezue is the developer of the BrotherlyACT intervention referenced in this CE activity.
- The intervention is presented solely for educational purposes. No royalties, honoraria, or financial gain are received from its dissemination.
- This activity was developed independently and is free from commercial bias or influence.

Session Objectives

- Recognize common gaps and barriers in firearm violence response and referral workflows that affect youth and family care.
- Consider school nurse driven best practices to close the referral loop, including follow-up strategies, EHR-based prompts, and connections to mentors or trusted adults.
- Explore digital solutions (BrotherlyACT) to support structured referrals, youth engagement, and behavioral health integration.

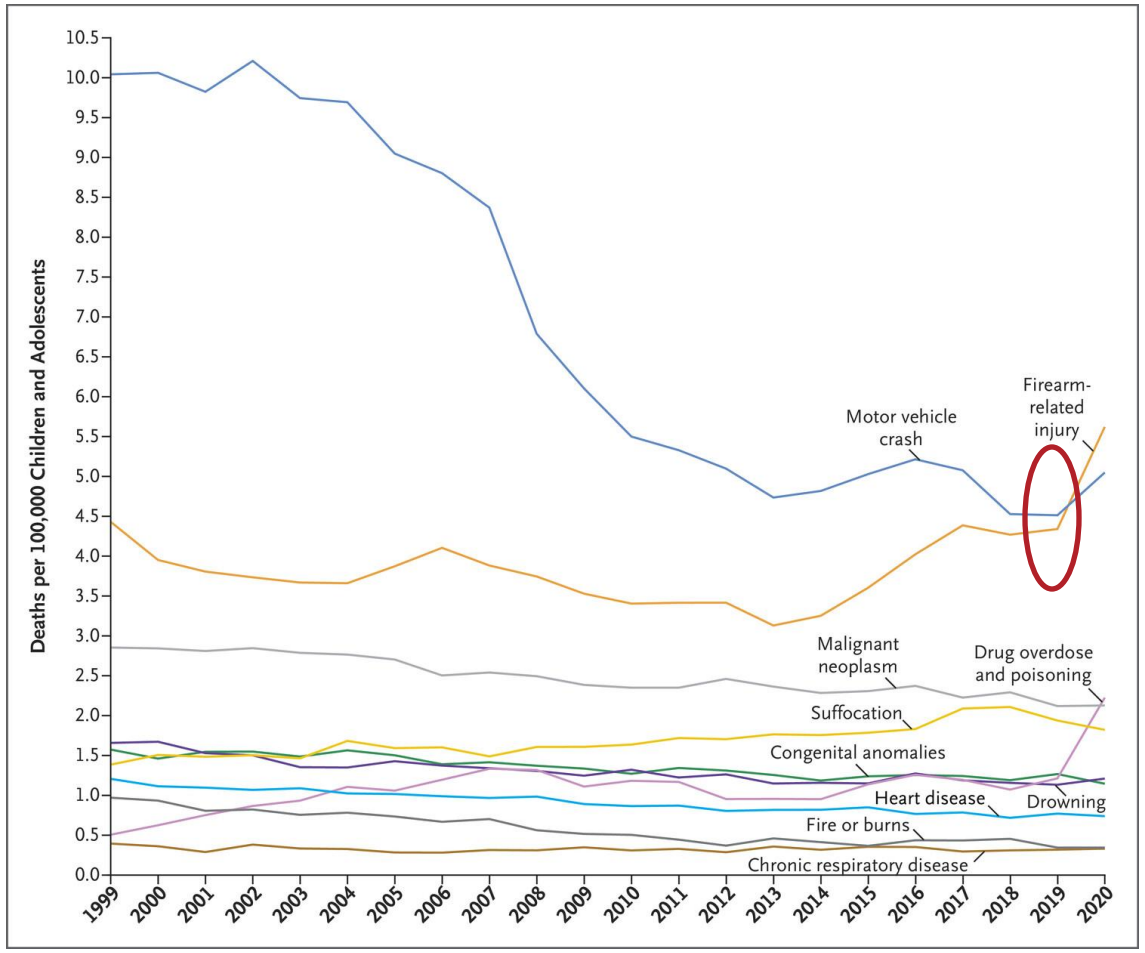
Firearm Violence refers to any violence committed with the use of a gun, including homicides, suicides, unintentional shootings, and nonfatal firearm injuries. It encompasses a wide range of types.

Smith & Patton, 2016; Basile, 2020; Bernardin et al., 2023; Carter et al., 2020; Reingle et al., 2012; Sheats et al., 2018; Simon, 2022; Smith & Patton, 2016; Combe, L. G., & Cogan, R. (2023). school nurse, 38(4), 205-212.

Examples include:

- **Interpersonal violence (e.g., assaults, domestic violence, community violence)**
- Self-directed violence (e.g., suicide or suicide attempts using a firearm)
- Mass shootings and school shootings
- Unintentional firearm discharges (often involving children or unsecured firearms)
- Police-involved shootings
- Firearm-related threats or intimidation (e.g., flossing, etc)
- Posting or flashing weapons on social media ("cyberbanging"),
- **Emerging**: Modified handguns (e.g., automatic switches), carrying while intoxicated.

- In 2020-21, firearm-related injuries **surpassed motor vehicle crashes** (both traffic-related and nontraffic-related) and **cancer** as the leading cause of death among children and adolescents, 1 to 19 years of age.
- 1 of 10 firearm deaths are age 19 or younger.
- Daily 12 children die from gun violence in America. ~32 shot and injured (Combe & Cogan, 2023).
- 30 million children live in homes with firearms. 4.6 million children live in homes with loaded and unlocked firearms.
- 80% of firearms used in school shootings were easily accessible from a family member.



Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England journal of medicine*, *386*(20), 1955-1956.

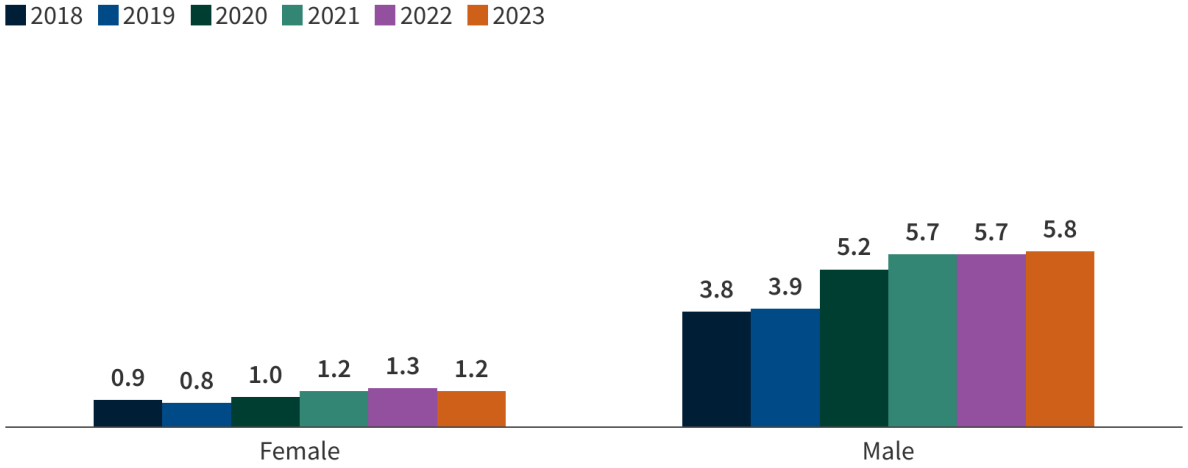
Where We Are

Black youth at 12.2 per 100,000 in 2021 – 24x higher than White youth and any other racial and ethnic group.

[A]

Figure 6

Firearm Death Rates for Children and Adolescents by Sex, 2018-2023



Note: Reported rates are crude rates per 100,000 children and adolescents ages 17 and below. Causes of death attributable to firearm mortality include ICD-10 Codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0.

Source: KFF analysis of CDC Wonder Online Database - Provisional Mortality Statistics, 2018-2023

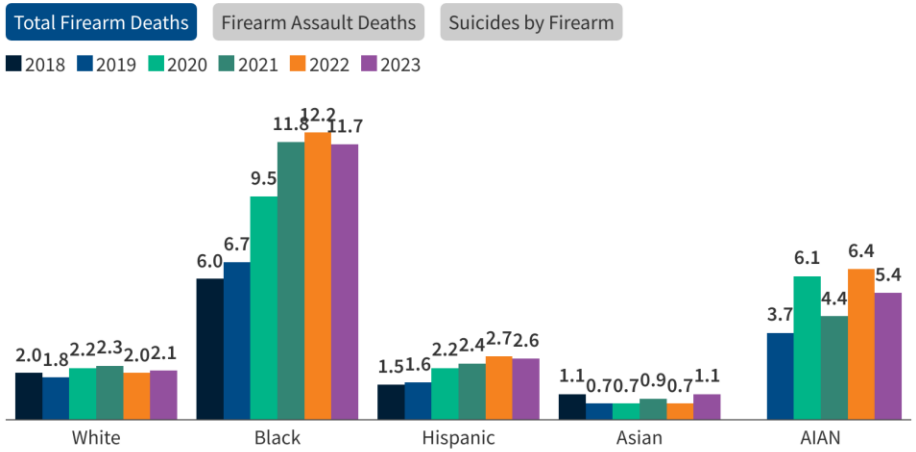
KFF

Panchal & Zitter, 2024

[B]

Figure 4

Total Firearm Death Rates for Children and Adolescents by Race/Ethnicity, 2018-2023



Note: Reported rates are crude rates per 100,000 children and adolescents ages 17 and below. Causes of death attributable to firearm mortality include ICD-10 Codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0. AIAN refers to American Indian and Alaska Native people. AIAN data for 2018 was unavailable. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data not available for Native Hawaiian or Other Pacific Islander people and not shown for persons of more than one race.

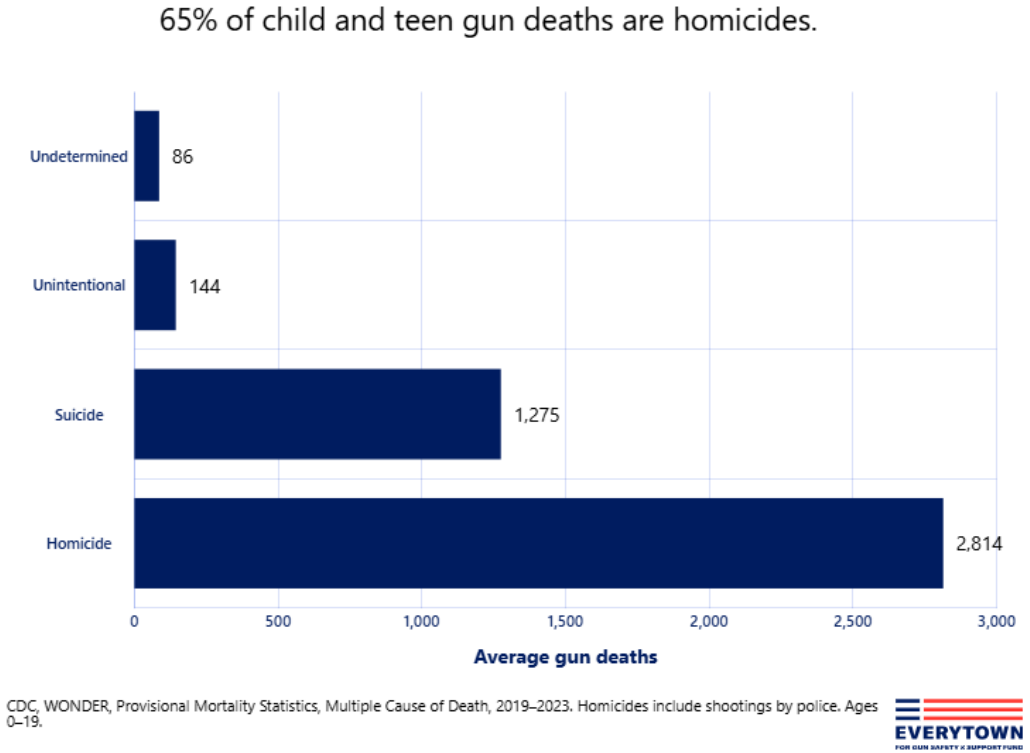
Source: KFF analysis of CDC Wonder Online Database - Provisional Mortality Statistics, 2018-2022

KFF

Panchal & Zitter, 2024

Firearm-Related Suicides

- Suicide attempts, ideation and self-injury are most common mental health conditions seen in children's hospitals' ED, (Children's Hospital Association, 2023).
- ~2 million adolescents attempt suicide yearly, making it the 2nd leading cause of death for those, ages 10 to 24/
- 66% percent increase in firearm suicide rates for children and teens in the last 10 years (Combe & Cogan, 2023).
- Access to a gun increases the risk of suicide death by 3x–4x
- 1 in 4 children have handled a gun in their home without their parents knowing (Giffords Law Center, n.d.).



Anglemyer et al., 2014; Studdert et al., 2020; Rowhani-Rahbar et al., 2023

Effects of Firearm Violence

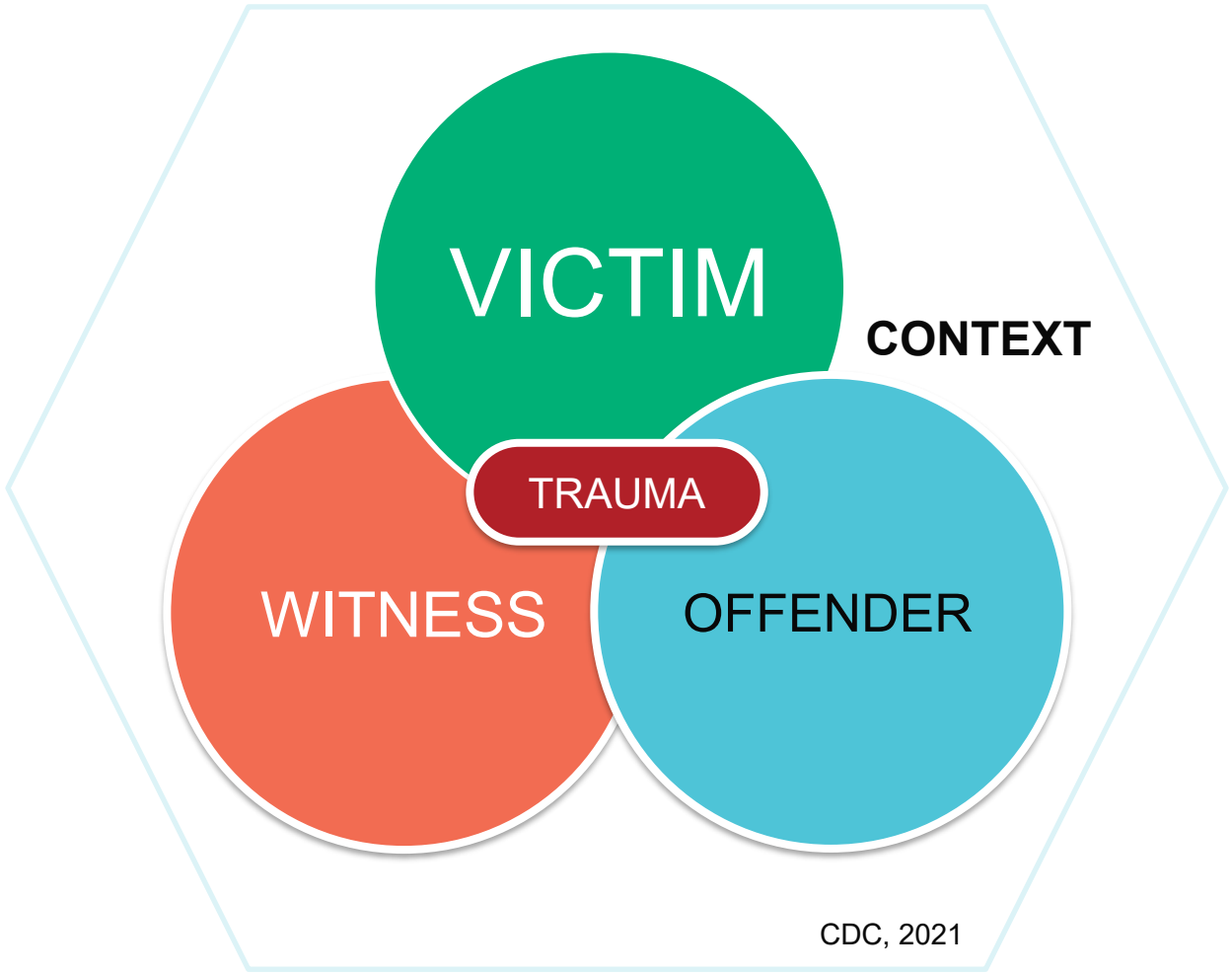
- Mental health problems (i.e., PTSD, anxiety, depression, suicidality, and chronic psychological distress), into adulthood.
- Risky behaviors (e.g., substance misuse, absenteeism, subpar academic performance, future violence)
- Health care and QoL burden (Long-term disability, chronic pain, developmental disruption).
- Economic burden: ~$120B/year in total U.S. costs due to youth violence (medical care, lost productivity, premature death), $36B in nonfatal youth injury burden alone (Parker et al., 2024)
- Community and systemic effects (School climate disruption, increased fear among peers, overreliance on punitive discipline or policing in school settings)
- Strain on SBHCs, mental health providers, and local services

EM Parker et al., 2024; Tatebe et al., 2021; Sheats et al., 2018; Davis et al., 2023; CDC, MMWR 2022; Rich, 2009; Richardson et al., 2016; Currie, 2018; Gaylord-Harden et al., 2022; Dickinson et al., 2021a; Drane, 2022; Kegler, 2022; Voisin et al., 2011

The Long Arm of Trauma

- **Homicide survivorship and traumatic loss** - YBM aged 18–24 experience ~3 homicide-related deaths across their life course, peaking during adolescence (Smith, 2015)
- Among YBM who survive a penetrating injury, 50% are rehospitalized for a similar injury within five years, and **20% die during that period** (Richardson, 2020).
- **Disabling injuries** - 50% with a disability upon discharge (DiScala & Sege, 2004)
  - Only 10.3% of children admitted to PICUs for firearm injuries **had good overall function at discharge**, highlighting high morbidity and rehab needs (Pediatric Critical Care Medicine, 2021).
- Nearly 40% of children who survive firearm injuries develop chronic, complex medical conditions, and up to 70% are discharged directly from the ED—**missing a key opportunity for follow-up** (Children's Hospital Association, 2024).
- **Vicarious trauma** associated with worse quality-of-life measures, physical functioning, psychosocial functioning, emotional functioning, and school functioning than youth with chronic disease (Levas et al., 2018)

“Triad of Trauma”



CDC, 2021

Gaps in Structured SN Care Coordination

- Fragmented systems and poor follow-up and weak ties to community resources
- Inconsistent or absent use of risk stratification tools (e.g., Violence Injury Prevention Risk Score; (Carter et al., 2015))
- Lack **defined protocols** for warm handoffs and wraparound services (Zun et al., 2006; Purtle et al., 2015)
- Referrals left to **provider discretion/personal judgment**, variability in care.
- Limited feedback loops (e.g., “Did the patient engage with service?”).
- Low trust in clinical systems among low SES, Youth of Color.
- Disparities driven by structural racism and under-resourced communities.
- Limited trauma-informed, culturally relevant solutions (e.g., reliance on police-linked or generic crisis teams w/o trusted intermediaries; Holliday et al., 2020; Crandall et al., 2021).
- **Few families will proactively seek trauma care on their own, if they face systemic barriers (e.g., transportation, stigma, lack of insurance; Bethell et al., 2014).**

School Nurses in Action

- Over 3,000+ school nurses across Illinois
- Urban thru rural settings, students from pre-K through 12th grade
- Students of Color, low-income families, English learners, and students with special health needs
- **First and only point of care** for many students
- Students may disclose violence or distress (e.g., routine visits, sports physicals, well-child checks)

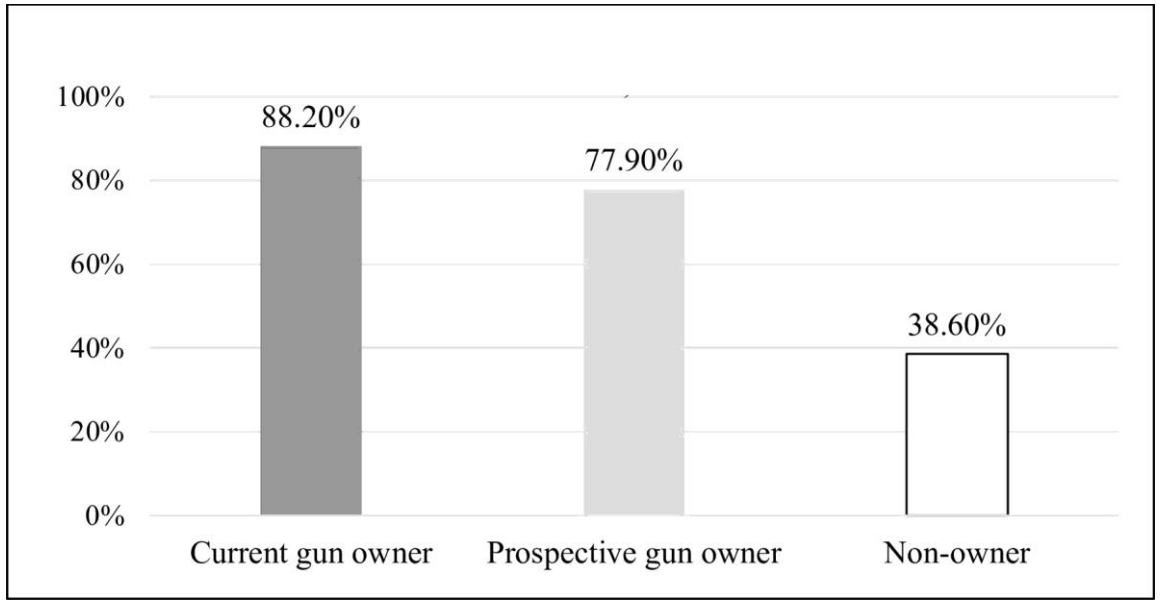
- **Missed opportunities** to refer due to:
  - Short visits or unclear protocols
  - Lack of standardized screening/referral workflows
  - Unclear roles
  - Cold handoff or no follow-up system
  - Unclear district policies,
  - Lack of privacy,
  - Concerns about parental reactions,
  - Competing clinical demands.

Barriers to School Nurse Counseling/Referrals

- Short appointments limit deeper psychosocial assessment
- No dedicated mental health room/space
- High student-to-nurse ratio
- Limited integration with school staff, external providers, or BH services
- Discomfort or fear of stigma
- Limited feedback loop
- Student underreporting or avoidance

"I prefer and I'm more comfortable with law enforcement discussing firearm safety education."

"Firearms make my home safe."



Guerra, A., & Yanger, S. E., et al. (2024); Pallin et al., (2022)

Firearm Safety Screening in Schools

Findings from National & State-Level Reports

- Around 4 in 10 school nurses discuss firearm safety as part of their role (NASN, 2020; Morley et al., 2016; Vernacchio et al., 2020)
- Screening is more likely when students show signs of violence risk, mental health distress, or unsafe home environments.
- **Many nurses avoid firearm-specific questions** when injury prevention topics (e.g., helmets, seatbelts) are discussed
  - uncertainty about protocols or fear of harming trust (Price et al., 2021)
- **More than 50% of patients skipped the firearm question but completed the rest of the intake survey (intentional avoidance)**

Ladines-Lim et al., 2024

Where, How, & What to Ask

Where to Initiate The Conversation

- **Clinical Settings** (pediatric/primary care, FQHCs, HVIPs (post-injury or post-ed discharge follow-up)
- **School-based health centers** (Wellness visits, sports physicals, counselor/social worker interactions)
- **Anticipatory guidance** (lethal means discussions, medications, or sharp objects)
- **Community Settings** (restorative justice programs, after-school or mentoring programs)
- Gun buy-back events and ammunition disposal programs
- Firearm safety training courses
- Juvenile Probation or Diversion Programs, Family Support Services, DCFS
- **Digital Integration Possibilities**: QR codes, patient portals, REDCap, EMR, and Best Practice Advisory (BPAs) (Roberts et al., 2023).

Roberts BK, Nofi CP, Cornell E, Kapoor S, Harrison L, Sathya C. Trends and disparities in firearm deaths among children. Pediatrics. 2023 Sep 1;152(3).

How to Ask, and What to Say

Ask This	Avoid This
I ask all my patients about safety risks at home, including firearms.	You don't have guns at home, right?
Do you spend time in any homes or places where firearms might be present?	Do you own any weapons?
How are any firearms stored at home? Are they locked and unloaded?	Why would you keep a loaded gun at home?
Would it be okay if we talked about ways to stay safe around firearms, just like we talk about other safety risks?	You should really get rid of your guns.
In times of stress, have you considered temporarily storing firearms elsewhere?	You're not thinking of hurting yourself with a gun, are you?
What are your thoughts on safe storage practices for firearms?	You need to lock up your guns if you care about your family.
Have you ever talked with anyone about firearm safety or storage options?	People like you shouldn't have guns.
Would it be helpful if I shared some resources on safe firearm storage?	You're putting your family at risk by having guns at home.
Are there any concerns you have about firearm safety that we can discuss?	I don't understand why anyone would need a gun at home.
Let's work together to make sure you're safe in all the places you spend time—at home, school, or with friends.	Guns are dangerous and should be avoided.

Trauma-Informed Firearm Safety Counseling: Step-by-Step Flow

Normalize and Acknowledge: "Thank you for sharing that. Many of my patients do

Offer Safety Framing

- The reason I ask is because safely storing firearms, especially unloaded and locked up, has been shown to reduce the risk of injury, especially for kids and others in the home.

Ask About Storage Practices

- Can I ask how the firearm is stored, like whether it's locked and unloaded?" OR
- Has anyone ever talked to you about how to stay safe around guns and weapons?
- Would you want one for free?
- When parents received free devices and education, **84% used the device** within four weeks (Fraser Doh et al., 2024; Walter et al., 2020)

Gauge Receptiveness

- Would it be okay if I shared some options for safe storage or support resources?

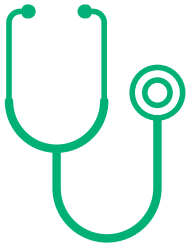
Offer Resources if Open. If they're receptive, you can say:

- There are school-based or community programs that offer safety planning help or support for teens who've experienced violence or threats.

If They Seem Resistant: "I respect your choices. I just want to be sure you have access to tools that support your goals for safety."

- Some patients will never want to talk about gun safety (That's OK)

What if they say YES



Cable Lock

A cable lock is placed through the gun chamber or magazine well to prevent loading and firing. It is unlocked with a combination or key.
Price range: $10 to $50

Trigger Lock

A trigger lock goes through the trigger guard behind the trigger, preventing the trigger from being pulled. It can be unlocked with a push-button keypad, combination or key.
Price range: $5 to $35+

Firearm Safe

Lock Box

Lock boxes are small safes that use a key or combination lock. Some lock boxes use a digital ke biometric sensors, such as fingerprint readers, so that they may be opened quickly.
Price range: $40 to $200+

Source: Ad Council and Department of Public Health, Seattle and King County, Washington (images); Bulletproof Kids (pricing estima

Cable Gun Locks Work With Many But Not All Types Of Firearms

IMPORTANT: Read complete installation i
WARNING: Do not use on a lo
a loaded gun may result in

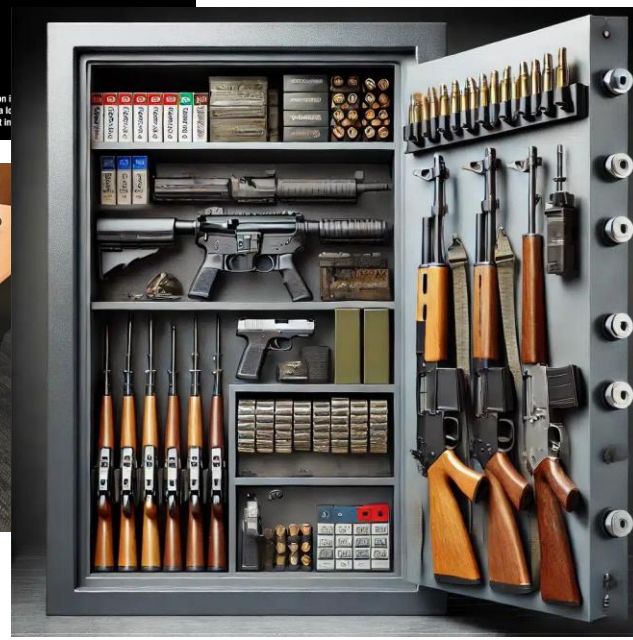


Image rights: Justine McDaniel; Lowe's

Challenges with Current Gun Safety Messaging

- One-size-fits-all messaging vs. reflect real-life storage use cases
- High cost of storage devices (e.g., safes, biometric locks)
- Current devices often lack portability, quick access, and user-friendly design
- Logistical complexity when storing multiple firearms types, across household members (Fraser Doh et al., 2024)
- Limited attention to rural or multi-generational storage contexts.
- Messaging disconnect between safety messaging vs. daily realities of perceived protection needs
- Lack of culturally relevant or trauma-informed messaging for at-risk populations
- **Rural owners view existing safes as poorly designed, too expensive, and inconvenient, potentially delaying access in emergencies (Aitken et al., 2020).**

Screening Tools in the Wild

Evidence-based tools for assessing firearm violence risk

Tool Name	Developers	Purpose / Use Case	Use Case	Age Group
SaFETy Score	Goldstick et al., 2017	4-question screen validated among youth; predictive of future firearm violence involvement	Emergency departments, primary care	Ages 14–24
ICAR2E	American College of Emergency Physicians (ACEP)	Includes firearm access as a lethal means in risk stratification for suicidality	Emergency departments	Ages 12+
Bright Futures Guidelines (AAP)	AAP	Offers anticipatory guidance on injury prevention (including firearm safety), especially in pediatric visits.	School and community-based settings	Youths
Service Provision Risk Assessment (SPRA)	University of Chicago Crime Lab; Heller et al., 2017 (*QJE*)	Algorithmic tool that predicts risk of gun violence involvement using administrative and social data	Community-based violence prevention	Youth involved in violence, **concerns about predictive policing, bias in risk scoring, and ethical use**
Danger Assessment (DA), DA for Law Enforcement (DA-LE)	Campbell et al.,	Lethality Screener: Risk of lethality in intimate partner violence (IPV) scenarios	Community, clinical	18+
Firestone Assessment of Violent Thoughts (FAVT™ and FAVT-A™)	Robert W. Firestone, PhD, and Lisa A. Firestone, PhD	Psychological assessment measuring ideation related to violence, including firearms	Outpatient and forensic settings	Adolescents and adults, **exploratory or forensic-focused, not always suitable for screening.**
California Youth Violence Screening Tool (YVST) *(under evaluation)*	RAND + California Partnership for Safe Communities	Screen youth for risk of firearm violence involvement (victimization/perpetration)	Promising for community-based use, but still undergoing testing for psychometric validation.	

Age-Appropriate Suicide and Firearm Risk Screening Tools

Tool Name	Developers	Purpose / Use Case	Use Case	Age Group
ICAR2E (Suicidality)	American College of Emergency Physicians, **New ACEP emPOC app**	ED-based clinical framework for suicide risk stratification and patient safety planning	ED/Structured	Adolescents (12+) and Adults
"Ask Suicide-Screening Questions" (ASQ)	National Institute of Mental Health (NIMH)	Rapidly assess suicide risk in medical, behavioral health, and school settings.	Emergency departments, inpatient units, primary care, schools.	Youth ages **10–24**, validated in adults. Acute suicide risk.
Columbia-Suicide Severity Rating Scale (C-SSRS)	Gerstenhaber et al., Global use: CDC, WHO, DoD, and schools across the U.S.	Identify individuals at risk for suicide and guide clinical decision-making.	Schools, clinics, hospitals, correctional facilities, and crisis centers.	Ages 6+ – Validated suicide severity assessment tool, adaptable across ages
SAFE-T (Suicide Assessment Five-Step Evaluation and Triage)	Substance Abuse and Mental Health Services Administration (SAMHSA) + APA	Structured guide for evaluating suicide risk and deciding on level of care	MH providers, ED clinicians, primary care, and crisis responders; includes access to lethal means (e.g., firearms) as a core risk factor	Adolescents and adults
CALM: Counseling on Access to Lethal Means	Suicide Prevention Resource Center (SPRC)	Free online course focusing on how to reduce access to the methods people use to kill themselves	Mental health professionals, social service professionals and health care providers.	
PHQ-9 (Patient Health Questionnaire – 9)	Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke	Includes item 9 for suicide risk screening.	Suicide risk, severity of depression	Validated for adolescents and adults.

Bright Futures Checklist (AAP)

ANTICIPATORY GUIDANCE

How are things going for you and your family?

HOW YOU ARE DOING

Interpersonal Violence (Fighting and Bullying)			
Have you been part of a gang or a group that has gotten or could get into trouble?	O No	O Sometimes	O Yes
Have you been in a fight in the past 6 months?	O No	O Sometimes	O Yes
Do you know anyone in a gang?	O No	O Sometimes	O Yes
Do you have ways that help you deal with feeling angry?	O Yes	O Sometimes	O No
Do you feel safe at home?	O Yes	O Sometimes	O No
Have you ever been bullied in person, on the Internet, or through social media?	O No	O Sometimes	O Yes
Have you been in a relationship with a person who threatened you physically or hurt you?	O No	O Sometimes	O Yes
Have you ever been touched in a way that made you feel uncomfortable?	O No	O Sometimes	O Yes
Has anyone touched your private parts without your agreement or against your wishes?	O No	O Sometimes	O Yes
Have you ever been forced or pressured to do something sexually that you didn't want to do?	O No	O Sometimes	O Yes

HOW YOU ARE DOING (*CONTINUED*)

Interpersonal Violence (Fighting and Bullying) (*continued*)			
Have you ever carried a weapon to school?	O No	O Sometimes	O Yes
Do you belong to a gang or know anyone in a gang?	O No	O Sometimes	O Yes
Have you ever been touched in a sexual way that made you feel uncomfortable?	O No	O Sometimes	O Yes
Have you ever been forced or pressured to do something sexual you didn't want to do?	O No	O Sometimes	O Yes
Have you ever been in a relationship with someone who threatened or hurt you?	O No	O Sometimes	O Yes

Incorporated into Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, many states use to guide pediatric well-child care.

Often used in clinical quality metrics (e.g., HEDIS), which may influence reimbursement and policy decisions.

American Academy of Pediatrics | Bright Futures | https://brightfutures.aap.org

SaFETy Score

- Yes/no responses.
- Higher total score = greater risk of involvement in firearm violence within the next 2 years.
- Quick use, mainly to guide referrals.
- Simple, short, and powerful.

Table 2. Rules for Calculation of the SaFETy Score

Mnemonic	Category	Question/Scale Levels	SaFETy Contribution
S	Serious Fighting	**In the past 6 mo, including today, how often did you get into a serious physical fight?**	
		0 (never)	0
		1 (once)	1
		2 (twice)	1
		3 (3–5 times)	1
		4+ (6 or more times)	4
F	Friend Weapon Carrying	**How many of your friends have carried a knife, razor, or gun?**	
		1 (none)	0
		2 (some)	0
		3+ (many, most, or all)	1
E	Community Environment	**In the past 6 mo, how often have you heard guns being shot?**	
		0 (never)	0
		1 (once or twice)	0
		2 (a few times)	0
		3 (many times)	1
T	Firearm Threats	**How often, in the past 6 mo, including today, has someone pulled a gun on you?**	
		0 (never)	0
		1 (once)	3
		2+ (twice or more)	4

SaFETy = Serious fighting, Friend weapon carrying, community Environment, and firearm Threats.

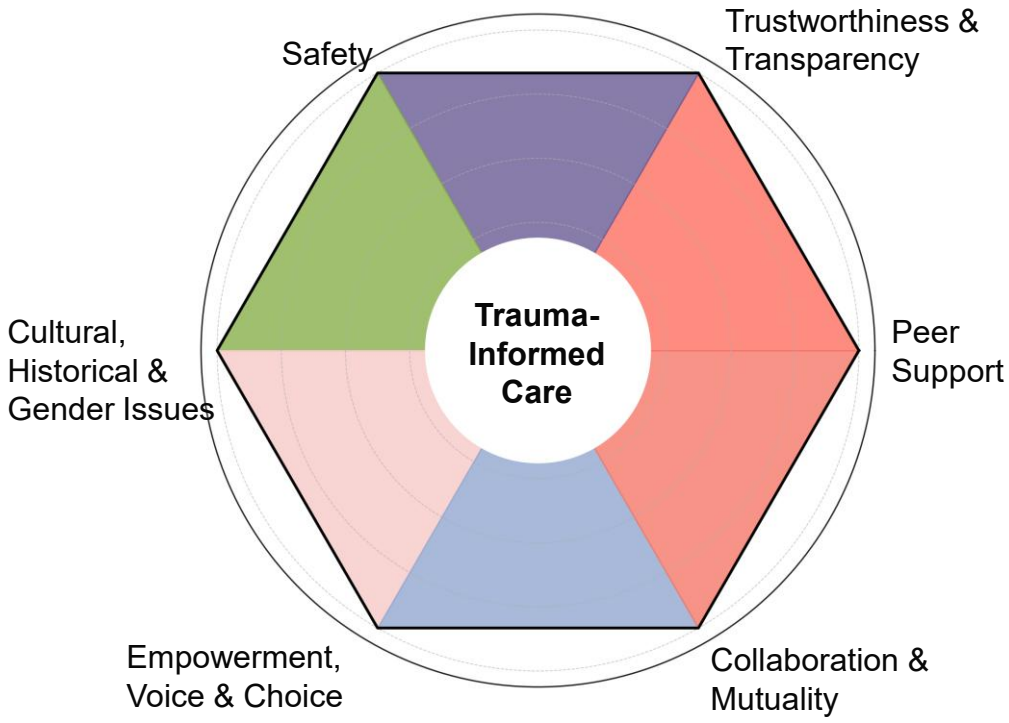
Goldstick, J. E., Carter, P. M., Walton, M. A., Dahlberg, L. L., Sumner, S. A., Zimmerman, M. A., & Cunningham, R. M. (2017). Development of the SaFETy score: a clinical screening tool for predicting future firearm violence risk. *Annals of internal medicine*, *166*(10), 707-714.

Best Practices & Interventions

Best Practices

Six Guiding Principles to a Trauma-Informed Approach

1. Safety: Ensure physical, psychological, and emotional safety for all.
2. Trustworthiness & Transparency: Build trust through clear, consistent actions.
3. Peer Support: Incorporate individuals with lived experiences into the process.
4. Collaboration & Mutuality: Level power differences and prioritize partnership.
5. Empowerment, Voice & Choice: Recognize strengths and support autonomy.
6. Cultural, Historical, & Gender Issues: Address biases and provide culturally responsive care.



Source: Substance Abuse and Mental Health Services Administration (SAMHSA).

Best Practices

- Use universal screening tools/modalities; if resources are limited, screen high-risk populations.
- Provide firearm safety devices (barrel, trigger, cable locks, lock boxes, gun safes/cabinets, off-site storage).
- Offer actionable resources, warm referrals, and follow-up.
- Develop family safety plans and provide lethal means counseling.
- Utilize ERPOs (Extreme Risk Protection Orders) when appropriate.
- Train caregivers, parents, and providers in safety and prevention.
- Frame discussions to avoid divisiveness — center on protecting children.
- Recognize cultural contexts and tailor approaches (e.g., gun culture).

Practical, Low-Resource Interventions

- Private screening spaces during health visits.
- Use “doorway questions” during routine/informal well visits and safety talks
  - “How have things been for you lately outside of school?”
  - “Is there anything worrying you right now?”
  - Injury prevention topics, de-escalation tips
- Rapport and connection - nurse’s office a “cooling down” zone.
- Partnering with school counselors, social workers, and trusted teachers to co-monitor at-risk students.
- Using brief, evidence-based (and short) screening tools for distress or risk.
- Keep a “referral cheat sheet” handy with up-to-date contacts for MH providers, crisis lines, and community safety resources.

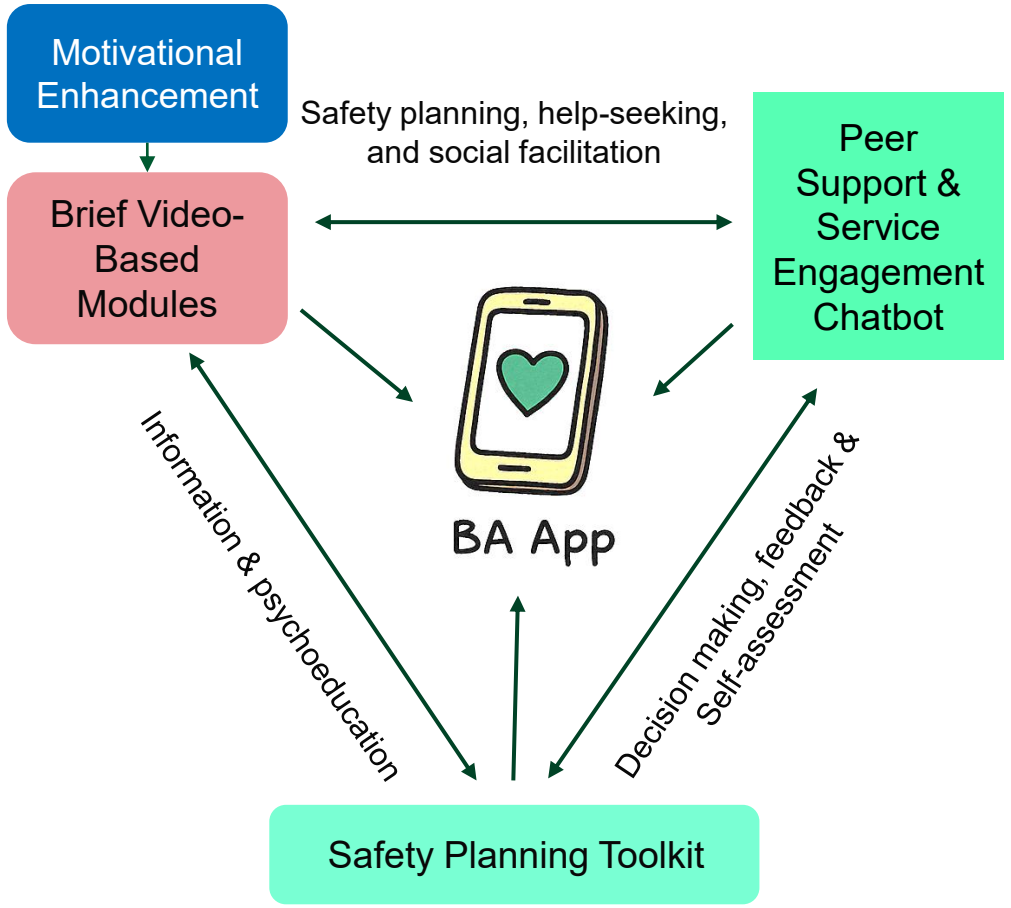
“You may be the first and only adult to hear a student’s concerns before a crisis.”

BrotherlyACT

BrotherlyACT

A culturally-tailored, multi-component digital intervention, to reduce the risk and effects of firearm injuries and homicides and to improve access to pre-crisis mental health resources for young males (ages 15-24) in low-resource and high-violence settings.

- Grounded in health behavior theory, implementation science, and Acceptance and Commitment Therapy (ACT).



BrotherlyACT Key Features

- 7-8 micro-intervention modules (CBT/ACT)
  - Life-skills content (e.g., gun refusal, mindfulness, conflict resolution, gang resistance, coping)
- Safety planning toolkit (Goal setting, mindfulness exercise, mood tracking, risk assessment)
- Zip code-based service connections (50 miles) to community-sourced resources
- DEVON: an in-app “AI-based talk therapy” chatbot
- No app download required – web-based and accessible on any device.

BrotherlyACT™
empowering Youths. Activating Leaders

GET IT ON Google Play

Download on the App Store

App available online, and as a web app on any browser.

What could tech-enhanced care coordination like in your clinic…

Contact Point/Stage	Intervention Goal	Key Activities
Wellness Visit / Intake / Flag students for check-ins	Early identification and rapport-building	• Screen for violence exposure (via intake, conversation, or trusted adult disclosure) • Normalize and ask about safety using trauma-informed language
Behavioral Health Visit	Engagement and skill-building	• Assign BA modules (e.g., Coping 101, Gun Refusal Skills) as "between-session" tools • Use mood tracking or safety planning toolkit in session
Crisis Referral / Return from Suspension or Threat	De-escalation and safety planning	• Introduce DEVON chatbot or Emergency Planning tools • Create a Return to School safety and coping plan • Notify **school counselor** or **social worker** for ongoing support
Follow-Up Visits + Ongoing Monitoring	Track progress and reinforce protective behaviors	• Review app use with student (module progress, goal-setting) • Tailor check-ins based on flagged responses or engagement patterns • Extension of Therapy/Care: Assign app-based “homework” between sessions (e.g., modules on gun refusal, emotional regulation, conflict de-escalation).
Transition / Summer Break / Legal Support	Maintain connection beyond school walls	• Add community resources to BA app - Encourage continued app use during time away from school • Use “Legal Resources” or journaling tools to prep for hearings or high-risk events

Resources for Providers

- illinoisaap.org
- Robustfutures.org
- Johns Hopkins Center for Gun Violence Prevention
- Agreetoagree.org
- **Hospitalsunited.com**
- BulletPoints Project (UC Davis)
- Brady United's "This Is Our Lane" campaign
- American Medical Association (resources, including policies and guidelines)
- National Child Traumatic Stress Network (NCTSN)
- endfamilyfire.org
- AAP Firearm Safety Resources
- Askingsaveskids.org
- TheHavi.org - Resources for HVIPs.
- Everytown for Gun Safety – Educational Resources for Providers

Interested in Collaborating?

We’re inviting School-Based Health Centers (SBHCs), community health centers, youth-serving organizations, and behavioral health providers to:

1) Collaborate on youth violence prevention efforts, 2) Pilot the BrotherlyACT (BA) intervention with youth, 3) Share behavioral health priorities to guide co-designed solutions.

If your organization works with adolescents or young adults and is prioritizing behavioral health or youth violence prevention, complete this short form to learn more or be contacted about supporting recruitment and enrollment.

RESEARCH AND COMMUNITY TEAM

- **Study Participants**
- Wrenetha A. Julion, PhD, MPH, RN, FAAN, CNL
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- Andrew Paul Froilan MSN, RN
- Aaron Dunlap, MSc
- Tara Wilkes, BSN, RN, CCRN
- Rickey Layfield, MEd, VP Urban Male Network
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- Rush-BMO Institute for Health Equity (RBIHE)
- Chicago Chronic Condition Equity Network (NIMHD P50)
- Institute for Translational Medicine (ITM, Pilot Grant, part of the NIH/National Center for Advancing Translational Science-funded CTSA program)

COMMUNITY PARTNERS

Thank you

BrotherlyACT™
empowering Youths. Activating Leaders

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