

programs, including the District of Columbia's, selected transition as a priority for the next 5 years. The majority of states addressing transition (24) have elected to start their efforts focused on youth with special needs (YSHN), while the remainder (8) include both youth with and without special needs. Although MCHB calls for evidence-based or -informed strategies, less than half of the 32 states referenced the AAP/AAFP/ACP Clinical Report on Health Care Transition, Got Transition's Six Core Elements of Health Care Transition, or the National System Standards for CSHN. A variety of transition strategies are underway. Most often, states described youth/family engagement efforts, including involving youth and young adults in state transition leadership activities and social media efforts. Another popular strategy was health professional education with pediatric practices, medical students, and residents, partnering with AAP chapters, state medical societies, or primary care associations. Several states are establishing a state-wide transition work group, and many are participating in inter-agency transition efforts with state special education, developmental disabilities, behavioral health, and child welfare programs. A small number of states described pediatric and adult quality improvement initiatives. This present will provide current state health care transition innovations, including states' plans to measure transition performance.

Conclusions: State public health agencies are undertaking major new efforts to promote transition from pediatric to adult health care. These represent important opportunities for collaboration with adolescent health leaders in the 32 states making health care transition as their priority. These findings along with new directions of MCHB's national resource center, Got Transition, will be described.

Sources of Support: Funding support was obtained from the Maternal and Child Health Bureau.

RESEARCH POSTER PRESENTATIONS: VIOLENCE (PHYSICAL AND NON-PHYSICAL)

146.

USING COMMUNITY ASSET MAPPING AND RESPONDENT-DRIVEN SAMPLING TO SUPPORT RECRUITMENT AND RETENTION FOR A COMMUNITY-BASED SEXUAL VIOLENCE PREVENTION PROGRAM



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Purpose: Sexual violence is a major adolescent health concern. About 10% of adolescent girls report history of forced sexual intercourse and 14% of adolescent girls report sexual coercion and rape in the context of dating relationships. Global health organizations highlight engaging men and boys to promote gender equity as a potential prevention strategy. 'Manhood 2.0' is a community-based prevention program to prevent sexual violence against women through educating young men, ages 14-19, about healthy sexuality, equitable gender attitudes, and peer bystander skills with the aim to interrupt disrespectful and potentially harmful behaviors. The program is an 18 hour

curriculum presented over a 6 week period. The neighborhoods where the study is being implemented are socially disadvantaged communities with predominantly African American residents. Enrollment and retention of participants is a challenge, particularly for non-school based community prevention programs like Manhood 2.0. We aimed to identify community assets and resources within neighborhoods to facilitate recruitment and retention, increase enrollment by offering incentives to current participants to recruit new participants, and promote sustainability of this prevention program. We define successful implementation as having community-based facilitators, community partners assisting with recruitment, consistent attendance at the program by youth, and ability to retain youth throughout the program.

Methods: Eighteen socially disadvantaged neighborhoods in an urban community were randomly assigned to Manhood 2.0 (intervention) or a control group (job skills training). We create asset maps for each neighborhood to identify key community champions who could facilitate the program and help recruit youth to participate. We partner with agencies such as the YMCA, Urban League, youth serving agencies, and churches as community based sites to implement the program, assist with recruitment, and aid in retention. Prevention specialists embedded in some schools help to recruit from schools. Several school districts offer the community program as an alternative to suspension. Respondent Driven Sampling (RDS) involves existing participants helping recruit new participants. Participants receive five tickets with a special code on them to give to potential participants. New participants present the ticket when they come to participate in the next series of sessions. Recruiters receive \$5 for each new participant, up to \$25. Facilitators help to maximize retention by following up with youth who may have missed sessions and by providing small cash incentives for completing feedback surveys throughout the series of sessions.

Results: Retention through the program thus far ranges from 50 to 93% and retention at 3-month follow-up has ranged between 58 to 100 percent across sites. RDS has contributed to recruitment by bringing in many new participants during the study period, in some cases over half of new participants.

Conclusions: Non-school based prevention program implementation can be challenging due to less infrastructure for recruiting and retaining youth compared to school-based programs. Optimal recruitment and retention of participants in these socially disadvantaged communities is vital to ensure that youth have access to meaningful prevention programming. Community asset mapping approaches, partnerships with schools, and support for youth to assist with recruitment can facilitate increased community involvement for successful implementation.

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147.

YOUTH DATING VIOLENCE IN SWITZERLAND



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Purpose: To assess the characteristics of offenders and victims of youth dating violence.

Methods: Data were drawn from the second wave (2015-16) of the GenerationFree study, a Swiss longitudinal in-school survey including 2627 youths aged 15-22. Dating violence was defined as psychological (insults and threats), physical (to push and hit) or sexual (to insist and to force to have sex) and to happen in an intimate relationship. Participants were divided into four groups: non-violent (64.7%), offender-only (7.1%), victim-only (3.9%), victim-offender (20.1%). They were compared according to demographic, family and academic data, emotional well-being, pubertal timing and risk behaviors (current smoking, alcohol misuse, cannabis and illegal drugs use, violent and antisocial behaviors). All significant variables ($p < .05$) at the bivariate level were included in a multinomial regression analysis using non-violent as the reference.

Results: Prevalence rates for offenders ranged from 24.7% for insulting to 0.3% for forcing to have sex, while for victims they went from 21.4% for insulting to 0.7% for being forced to have sex. Females ($n=1215$) were significantly more likely to have insulted (30.3%), pushed (9.1%) and hit (6.8%) than boys (19.8%, 5.5% and 1.9%) while boys ($n=1412$) were more likely to have insisted (3.1%) and forced (0.5%) to have sex (1.7% and 0.2% for girls). For victimization, more girls were insulted (24.2%), pushed (10.1%) and experienced insistence to have sex (5.7%) than boys (19.0%, 4.2% and 1.5%). No significant gender difference was found for the other acts. At the bivariate level, compared to the other groups, non-violent participants were less likely to be females, apprentices and born abroad, to live on their own, to have separated parents born abroad, a poor well-being, a pubertal timing ahead of their peers and to engage in risk behaviors. At the multivariate level, compared to non-violent participants, victims-only were more likely to be females, antisocial, to live in a rural area and to smoke. Offenders-only were more likely to be females, apprentices, to have both parents born abroad and to misuse alcohol. Victims-offenders were more likely to be females, apprentices, to have separated parents born abroad, to smoke, to misuse alcohol, to use cannabis, to be antisocial and to start their puberty earlier.

Conclusions: Past research has mostly focused on boys being offenders of intimate violence but girls can also play this role. Further research is needed to understand gender differences and the context of these aggressions to determine why some adolescents are more inclined to be violent and/or victimized. Indeed, offenders could act in defense of violence perpetrated on them but two partners could also have a mutual fight during which both are violent and victimized. Victim-offender overlap was quite frequent in this sample and this group engaged in more risky behaviors than victim-only and offender-only. Prevention of dating violence must be included in overall discussions with adolescents on risks and violence, with a special focus on adolescents who develop their puberty earlier and for both genders.

Sources of Support: This survey was financed by the Programme Intercantonal de Lutte contre la Dépendance au Jeu and the canton of Fribourg.

148.

NEIGHBORHOOD ENVIRONMENT AND RESILIENCE: ASSOCIATIONS AMONG 8TH GRADE LATINO YOUTH RESIDING IN AN AGRICULTURAL COMMUNITY



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Purpose: U.S. Latino youth experience significant disparities in rates of community violence and unintended pregnancy. Neighborhood environments constitute an important social determinant of health. We examined whether three aspects of neighborhood environment - neighborhood collective efficacy, neighborhood disorder and experiences of discrimination - are associated with resilience among 8th grade Latino youth residing in an agricultural community with high levels of gang-related violence, poverty and migration.

Methods: The A Crecer study is designed to assess social and structural factors that affect trajectories of youth violence and sexual health among a cohort of 8th graders recruited from public middle schools in Salinas, California and followed prospectively for two years. This analysis includes baseline data from 321 8th graders enrolled during the period November 2015 - August 2016. We measured resilience using the Child and Youth Resilience Measure that includes 12 items such as, "I have opportunities to develop skills that will be useful later in life" ($\alpha=0.79$). We assessed neighborhood collective efficacy through measures of social cohesion, trust and informal social control ($\alpha=0.77$). We assessed neighborhood disorder using an 11-item measure that assessed experiences in the last year ($\alpha=0.86$), including "There was a shooting near my home" and "I heard adults arguing loudly on my street." We measured experiences of discrimination in the last six months with 6 items ($\alpha=0.62$), for example "You were excluded from a group because of your culture or race." We conducted descriptive and bivariate analyses using ttests, linear regression non-parametric approaches. We conducted multivariable logistic regression to examine associations with high resilience (highest quartile of the distribution) in analyses that included sex and nativity.

Results: Nearly all participants (99%) identified as Latino; 84% were born in the United States; 62% were aged 13 years at enrollment (range=12-15 years); and 55% were female. Over half of participants (53%) reported their mother had not completed high school. Overall, youth reported high resilience scores (median=49, range 18-55), though 25% identified only "somewhat", "a little" or "not at all" with statements indicative of resilience. Perceptions of the neighborhood environment in which youth lived varied. 46% of youth reported experiencing at least one discrimination event in the past six months. In multivariable analysis, increases in social cohesion were associated with an increased odds of high resilience ($OR=1.1$, $p=0.001$); neighborhood disorder - increases in the number and