

Memo to ER docs: Send young victims of violence for 1-on-1 counseling

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A study of 113 children and teens physically victimized by peers concludes that one-on-one mentoring about how to safely avoid conflict and diffuse threats makes them far less likely to become victims again if guidance is initiated in the immediate aftermath of the attack.

The research, by investigators at Johns Hopkins Children's Center and Children's National Medical Center in Washington, D.C., was conducted on 10- to 15-year-olds treated for assault injuries, including gunshot, knife and fist-fight wounds, in their emergency rooms between 2001 and 2004.

Writing in the November issue of *Pediatrics*, the researchers said half of the victims were treated then referred by an ER doctor for at least six sessions with a mentor for one-on-one counseling and three parent home visits, while the other half were referred to community resources and received two follow-up phone calls.

Those who got the personalized counseling and forged a mentoring relationship with their counselors reported 25 percent fewer fights and 42 percent fewer fight injuries six months later, compared to those who received referrals only. Comparing their attitudes and behaviors after six months, researchers found that teens who received mentoring reported less aggression and fewer misdemeanors and were more likely to "think about the consequences," take steps to avoid fighting and "take a time out" when faced with a conflict.

Although not all risky behaviors showed statistically significant improvement, the researchers said the results suggest that such interventions can go a long way to give these children acceptable options for behaving in ways that prevent violence, and that the ER is a critical point for initiating the intervention.

The counseling focused on practical tips for the children and their families, such as ways to think about conflict and how to identify and avoid "hot buttons" or triggers of anger. The youth were taught about weapon safety and given scenarios and engaged in role playing to facilitate conflict resolution and getting out of dangerous situations in appropriate ways. Home visits were designed to inform the victims' parents about skills taught to their children and help them better monitor their children's safety.

Serious fights and assaults are rarely isolated episodes, the researchers said, but may portend future, sometimes worse or even fatal, injuries.

The study's investigators advise emergency room physicians treating teen victims of violence to refer youth and their families to mentoring and family counseling programs before discharging the patient from the ER. Past research shows that people may be most receptive to preventive messages in the immediate aftermath of a traumatic event.

The researchers also suggested development of standard guides to help ER physicians do so.

"We have clear protocols on how to treat suicidal youth or victims of child abuse, but when it comes to youth injured in peer assaults, we tend to ask a few questions, treat and release," Cheng says. "Our study suggests that we can do things that make a difference, such as asking more probing questions about the incident and quickly referring the patients to mentoring and counseling programs."

Source: Johns Hopkins Medical Institutions

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