

Clients of BMC's violence interventional advocacy program find experience supportive

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Researchers from Boston University School of Medicine (BUSM) and Boston Medical Center (BMC) have found that participants who received care through BMC's Violence Intervention Advocacy Program (VIAP)—an interventional program targeting the physical, mental, emotional and social needs of violently injured youths—were less likely to retaliate for their injuries and experienced life changing behaviors through connections to caring, steady, supportive adults who helped them feel trust and hope. These findings are reported in the journal *Academic Emergency Medicine*.

Violence, particularly among persons younger than 24 years of age, is on the rise in the U.S. and is a public health problem. In 2011, emergency departments treated 707,212 patients aged 12-24 for violent injuries, compared to 668,133 in 2007. Most urban violence occurs in poor communities and young, African-American males are disproportionately affected. Up to 40 percent of injured African American youth who are less than 24 years old and hospitalized sustain subsequent injuries. One half of which return as victims of homicide.

In-depth, semi-structured interviews were conducted with 20 VIAP clients who were mostly male, African American and younger than 30, reflecting the typical VIAP clientele. Education level ranged from having some high school or GED to having some higher education. Most [participants](#) reported they had not suffered a prior violent injury before enrolling in VIAP. The interview consisted of open-ended questions structured around the following areas: life pre- and post-injury, hospital

experience, VIAP experience, retaliation, and general questions relating to family/friend dynamics, accomplishments in life and goals. All interviews were coded, analyzed and the findings were organized into three main domains: challenges to physical and emotional healing, client experience with VIAP and effectiveness of VIAP.

The researchers identified the major challenges to physical and emotional healing were fear and safety, isolation as a coping mechanism, lack of trust, bitterness and symptoms of PTSD (intense fear, hypervigilance, estrangement from others, emotional detachment). Fears of going out of the house or being seen on the bus were limiting factors to moving forward. Participants felt unsociable and withdrawn, isolating themselves from friends and family. They described feeling unsafe anywhere in Boston.

Half of participants expressed feelings of distrust or apathy towards their violence intervention advocate (VIA) at first contact. As the relationship progressed, these participants described how their attitude towards their VIA changed. Many described feeling comfortable with their VIA after seeing how they genuinely cared. The other half trusted their VIA immediately. Eight described longer-term relationships that went beyond physical recovery. Almost all participants described comfort talking to their VIA while characterizing how the relationships evolved over time. Six mentioned aspects of "listening" or "understanding" in concurrence to describing the relationship progression.

Participants recounted a number of ways VIAs supported them post-injury including counseling and support, help with education, employment, and life skills. "Counseling and support was the most commonly cited service in our study," explained lead author Thea James, MD, founder and director of BMC's VIAP and an emergency room physician at BMC. "According to most participants, VIAs played a crucial role and filled a gap that is often missing from other service

providers; connection to a caring and understanding adult that went beyond the scope of physical recovery from injury," added James an associate professor of emergency medicine at BUSM.

Half of participants expressed feelings of retaliation initially, but almost all chose not to retaliate since participating in VIAP for a variety of reasons including: faith in God, not wanting to hurt family, deciding it's not worth it, feeling grateful to be alive and talking to their VIA. According to James, talking to a caring adult who could relate was an overarching theme throughout the interviews. Improved confidence and desire to follow and accomplish goals were also commonly expressed among participants.

According to the researchers this study aimed to explore clients' experiences and provide a basis for understanding their perceptions of the effectiveness of VIAP. "Specifically, we sought to identify and contextualize VIAP's activities and the clients' unique life circumstances. Our findings suggest that our clients perceive the program as positive and effective. We have gained valuable information on their perceptions of the effectiveness of this emergency department (ED)-based violence intervention program that will help our VIAs to further support clients," said James. However, she believes future research is needed to identify best practices for ED-based violence intervention programs, like VIAP, and measure community wide efficacy in different settings.

Provided by Boston University Medical Center

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