



# TEACHING NONVIOLENCE IN THE INNER CITY

In the city of St. Louis, which has one of the highest homicide rates in the country, the tendency toward violence is deeply rooted and often inexplicable. In such an environment, solutions must be multifaceted and long term. This is the approach chosen by staff at Saint Louis University Hospital, a level I trauma center located in a poor, bleak area of downtown St. Louis.

In 1991 hospital employees founded a voluntary committee, Hospital Response to Community Violence (HRCV). HRCV uses a two-pronged approach to violence in its inner-city environment:

- Educational activities to take the message of nonviolence to schoolchildren and populations at risk of becoming violent offenders
- Holistic, ongoing support and education for hospitalized trauma victims

## PREVENTION IN THE CLASSROOM

One of HRCV's major initiatives began in 1993 with a Halloween party at Wyman Elementary School in the inner city, just a few blocks from the hospital. The party emphasized an antiviolence message by having students visit six different "stations" on topics such as the dangers of guns and "good touch/bad touch," explains Mary Keegan, a clinical nurse specialist who is the chair of HRCV. The party was such a success, she says, that HRCV entered into a partnership with Wyman to hold ongoing antiviolence activities.

**Parent Workshops** Twice a year HRCV sponsors educational workshops for parents at Wyman. Keegan says the first set of seminars drew 150 parents, who could choose two of six different topics, such as blended families, discipline, and single parenting. Ideas for the sessions come from the parents themselves, and speakers are drawn from the hospital and Saint Louis University School of Public Health. Interpreters are available, since 11 different nationalities are represented at the school.

## *A St. Louis Hospital Works with Children And Victims*

The seminars not only impart information and advice but also affirm what parents are doing right and allow them to talk about their problems, says Gayle Temme, a Wyman teacher who is a liaison with HRCV. Some of the women have few opportunities to get out of the house, she notes. "These women don't get a chance to speak out. One of the mothers said to me, 'They let me talk! I'm coming back.'"

Ideas for future seminars include safety, child CPR, nutrition, budgeting, and battered women. "In each thing that we do, we deliver the message of nonviolence," says Keegan.

**Christmas Party** For the past two years, HRCV has hosted a Christmas party at Wyman School as a way of getting children to think about how they can contribute to peace in the world. This year, a Saint Louis University Health Sciences Center chaplain arranged three role-playing vignettes to teach the students how to resolve conflicts without violence.

In addition to a clown, juggler, and petting zoo, the party featured a police officer hosting a "toy gun buyback," with a local fast-food restaurant donating gift certificates for each child who brought in a gun. Refreshments, "goodie bags" for each child, and a toy or game for each classroom came from donations from local companies, individuals, and a church.

## WORKING WITH TRAUMA VICTIMS

Another ongoing HRCV activity involves offering education and referrals to victims of violence. Although it is hard to gauge how many people at risk of violence actually change their lives as a result of HRCV's intervention, a study from July 1993 to July 1994 showed that patients were getting some help. During that period, HRCV members contacted 199 victims of violence, 78 percent of whom accepted help and were referred to appro-





priate community counseling.

The study showed that 83 percent of these patients were gunshot wound victims, 11 percent were stabbing victims, and 4 percent were assault victims. (Two percent had conditions not related to violence.) The majority were African-American, male teenagers, although Keegan points out that the hospital is beginning to see more girls with gunshot wounds than in the past.

**Teaching Tools** The main tool used to reach these patients is a brochure developed and printed with a \$2,500 grant from the Association of Critical Care Nurses (AACN). (See **Box**, p. 36.) Nursing staff give a copy of the brochure to all patients who are victims of violence, says Keegan.

"Often, patients are with us such a short time and are so overwhelmed, they're not going to remember everything we tell them," explains staff nurse Stephanie Hoog. "The brochure gives them a link back to us and to other organizations, telling them what to expect and where to get help."

All hospital nurses in areas that deal with trauma victims have been trained in use of the brochure, and it has become part of the orientation process when new nurses are hired. The in-service training covers HRCV's origins and purpose, the brochure's contents, and ways to introduce the brochure to patients and families. Every nurse who attends an in-service also receives a button that says "Violence Survival Strategies" (the title of the brochure).

Hoog notes that although no patients have come right out and thanked her for the brochure, she believes "it makes them feel a little bit safer to think that they're not being discharged on their own right away, that they've got some information on where to get help."

HRCV is using some of the AACN grant money to produce a video patients and families can view before discharge. The 15- to 20-minute movie, which will be completed later this year, will probably feature a young African-American man who was a victim of violence and a young female robbery victim, says Keegan. "We're going to have them share their experience about what it's like to be a victim of violence," she explains. "Then they'll describe how they were approached about this brochure and about the agencies available and how it helped them get back into the community." She thinks the visual and personal message behind the video will complement the practical information and phone numbers in the brochure.



Jonathan Barkat

The committee  
takes a team  
approach with  
violence victims  
hospitalized  
more than  
once.

#### ADDRESSING RECIDIVISM

HRCV takes special pains to address the problem of "recidivism"—that is, patients (usually teenagers) who have been admitted to the hospital more than once because of violence. Although the recidivism rate is not great—in some months, no such patients are admitted—their problems are taken seriously.

Keegan explains that such patients are identified on admission, then approached by a team that includes herself, a psychiatric liaison nurse, and a social worker. They work on trying to get the youngster back on track, whether that involves returning to school, trying to obtain a general education diploma, or joining a job corps program.

"Unfortunately, even though we offer help to hundreds, I think our intervention has only helped change a handful of teenagers who were in the type of life-style that made them susceptible to violence," says Keegan. She admits that it is hard to track the results, and the program is so new it has not been fully evaluated. But because it is so difficult to make a difference with older youths, she says, "the HRCV group is gearing more toward prevention at a young age through





the youth groups and programs at Wyman School.”

### HOLISTIC CARE AT THE TRAUMA CLINIC

After trauma victims have been discharged from the hospital, HRCV takes advantage of one more point of contact: the hospital's trauma clinic.

Every Friday, three trauma surgeons staff the clinic, located in the doctor's building across from the hospital. They see about 25 to 40 discharged trauma patients each week—some of them for six months or longer, depending on their injuries. In addition to the surgeons, the clinic's staff includes a social worker, a psychiatric liaison nurse, a chaplain, and a representative of Aids for Victims of Crime, who helps crime victims fill out the paperwork to receive compensation from this state program. Keegan says she believes theirs is the only trauma department that takes this type of multidisciplinary approach to follow-up care.

### FUNDING

HRCV is a nonbudgeted committee, Keegan notes, so all its activities depend on donations, grants, and fund-raising. In addition to the AACN grant, HRCV has received donations (of money and materials such as refreshments and party gifts) from the hospital, the local AACN chapter, community groups, businesses, churches, and individuals.

The group's biggest fund-raising effort involves sales of a poster titled “A Modern Pietà.” Mary Porterfield, an occupational therapist at the hospital, did the oil painting of a kneeling woman mourning over her dying son, which hangs outside the hospital chapel. Poster sales have raised about \$7,000 so far, says Keegan.

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Mary Keegan  
says.

### FUTURE ACTIVITIES

HRCV's plans for new activities in the coming year are linked to the funds it can obtain. One program already initiated involves an anti-violence curriculum the group is purchasing for Wyman School. A sausage supper at one of the committee member's churches raised money for the curriculum, which HRCV staff members chose and will help administer next year.

HRCV intends to expand its activities into the community if it receives a United Way grant. Among the projects planned is a summer camp with a local major-league sports team in St. Louis. “We'll talk with the school districts to set up the program,” explains Deborah Kohler, assistant director, media, at Saint Louis University Health Sciences Center. “It will be targeted to African-American boys in several age groups, to motivate them to stay in schools and not join gangs.” In addition to learning more about the sport, the boys would meet all the players, who could serve as role models and talk to them about the importance of nonviolence.

This ambitious program is planned just for boys, since they are at the highest risk for violence. For girls, Keegan says, HRCV will sponsor a mentoring program, where they can come to the hospital and shadow a professional.

Keegan adds that HRCV also plans to continue its staff education activities, hosting a guest speaker from a community agency or service group six times a year. In addition, a committee member will speak on violence at the internal medicine grand round. And HRCV is bringing in a consulting group to lead a cultural diversity workshop.

### A HOLISTIC VIEW

Mary Keegan sums up why she thinks HRCV is valuable for patients—and for care givers: “The program has refocused what we do for victims of violence from just treating them medically to taking care of the person—trying to figure out why that person has been placed in that situation and become a victim of violence, and taking a more holistic view on what we can do besides fixing them up and sending them back into the streets. For me, it's like therapy because I feel like I'm doing something besides patching them up and sending them home.” —Susan K. Hume

☎ For more information about Hospital Response to Community Violence, call Mary Keegan at 314-577-8802.

## VIOLENCE SURVIVAL STRATEGIES

All victims of violence at Saint Louis University Hospital receive a brochure titled “Violence Survival Strategies.” Illustrated with dramatic black-and-white photographs of persons in emotional turmoil, the brochure lists local resources for crisis assistance; legal and victim services; mental health and employee assistance; alcohol and drug treatment; and financial assistance, housing, or education information. Additional space on the back allows nurses to fill in specific referral information.

