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June 2008 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Hong, B. A., Olatunde, L., McGill, K. L., Ridenour, T. A., Lucas, A. and North, C. S. "**Violently injured patients seen in the emergency department of Barnes-Jewish Hospital: a descriptive study of context, future views and spirituality.**" *Missouri Medicine* 105, no. 1 (January-February 2008): 86-89.

[*EDITOR'S NOTE: For comments on this article by co-author Lawrence Olatunde, see the [Spring-Summer 2008 Newsletter](#) (§1).*]

SUMMARY and COMMENT: This month's article reports a study at the Barnes-Jewish Hospital (St. Louis, MO), with two of the co-authors being from the hospital's Spiritual Care Services: Arthur Lucas is a CPE Supervisor and the Director of the department, and Lawrence Olatunde is a chaplain there and was the data collector for the research. Semi-structured interviews were conducted using a convenience sample of violently injured persons (VIP) in the emergency room, focusing on "patient demographics, circumstances of arrival at the emergency room, details regarding the nature of the violent attack, and information about their spirituality and its helpfulness in coping with the traumatic incident" [p. 87].

Of 73 patients approached, 23 chose to participate. Among the findings:

More than one-third (38%) of these VIPs had previously been arrested for assault. For more than half (52%), this was their first experience with emergency care for a violent injury, while nearly half (48%) reported previous experience with violence. Sixty-two percent of the patients said they vowed to get revenge. Gunshot wounds accounted for almost half (45%) of the injuries. [p. 86, abstract]

The findings point to a "cycle of violence," and the participants are said to have exhibited "a significant level of pessimism": "They believe that if they were attacked one time, an attack will likely happen again" [p. 88]. Moreover, "Sadly, twenty-nine percent believe they will ultimately die a violent death" [p. 89].

Regarding spirituality:

Ninety-seven percent of the patients have practiced religion at some point in their lives. However, only 19% were currently affiliated with a faith community. Slightly more than half (55%) of the subjects believed that God was helpful to their coping with their attacks. Sixteen percent requested a prayer from the chaplain, and 15% wished for future contact from the chaplain. [p. 88]

All patients were offered pastoral support, even if they declined to be interviewed, and "more patients utilized the chaplain's religious services than participated in the research" [p. 89]. The authors comment: "This positive trend toward faith/spirituality could be used to deter violence as well as provide a means of coping for those attacked" [p. 89]. They go on to say, in light of the fact that a large majority were at one time connected to a religious/spiritual group, that "emergency room chaplains could play a significant role in re-establishing VIPs with their religious/spiritual communities" [p. 89].

The authors make an observation about the dynamic of interaction between the largely male, African-American sample and the data collector: "Patients appeared open to the interviewer since he himself is a native born African and a clergyman" [p. 89]. Methodologically, this would seem to be an important point, though the subject is not explored further.

This is a brief article, offering limited insights on a complex issue, but it suggests the daunting task of intervention with patients for whom violence is a basic aspect of life. It also hints at possibilities for chaplains to help in understanding these patients through research, as well as opportunities both to provide pastoral care and to help connect needs in the Emergency Room to community resources.

Suggestions for the Use of the Article for Discussion in CPE:

The article is an easy read and should spark discussion about violence as seen through victims in emergency rooms, especially in urban hospitals with trauma centers. Students may wish to talk about the finding of pessimism in those caught in a *cycle* of violence and what it is like to attempt to intervene pastorally with such patients. From a research perspective, students might explore the idea of participating in research with this population, and consider the dynamics of data collection: how it could be done and what information would be sought. Since most trauma centers conduct research and otherwise collect a great deal of data on their patients and services, a researcher or a representative from Emergency administration could be invited to join the discussion.

Related Items of Interest:

Connor, K. M., Davidson, J. R. and Lee, L. C. [Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC]. "**Spirituality, resilience, and anger in survivors of violent trauma: a community survey.**" *Journal of Traumatic Stress* 16, no. 5 (October 2003): 487-494. [(Abstract:) This study evaluates the relationship between spirituality, resilience, anger and health status, and posttraumatic symptom severity in trauma survivors. A community sample (N = 1,200) completed an online survey that included measures of resilience, spirituality (general beliefs and reincarnation), anger, forgiveness, and hatred. In survivors of violent trauma (n = 648), these measures were evaluated with respect to their relationship to physical and mental health, trauma-related distress, and posttraumatic symptom severity. Using multivariate regression models, general spiritual beliefs and anger emerged in association with each outcome, whereas resilience was associated with health status and posttraumatic symptom severity only. Forgiveness, hatred, and beliefs in reincarnation were not associated with outcome. The importance of these findings to treating trauma survivors is discussed.]

Fein, J. A., Ginsburg, K. R., McGrath, M. E., Shofer, F. S., Flamma, J. C. Jr. and Datner, E. M. [The University of Pennsylvania School of Medicine and The Children's Hospital of Philadelphia]. "**Violence prevention in the emergency department: clinician attitudes and limitations.**" *Archives of Pediatrics and Adolescent Medicine* 154, no. 5 (May 2000): 495-498. [One-hundred-eighty-four clinical staff members out of a sample of 208 at three urban hospitals were surveyed to assess clinicians' attitudes and behaviors in identification, assessment,

and intervention for youth at risk for violence. Among the findings: 68% of clinicians reported referrals to a social worker or chaplain in the course of treating violently injured youth.]

Olatunde, L. [Spiritual Care Services, Barnes-Jewish Hospital, St. Louis, MO]. "**The Discipline: a pastoral care methodology with violent victims of violence.**" *Journal of Health Care Chaplaincy* 11, no. 1 (2001): 103-116. [This article is by one of the co-authors of our Article-of-the-Month. (Abstract:) Ours is a violent culture and violence creates victims. Many of these victims are themselves violent. This article describes The Discipline as used in the pastoral care process that seeks to rehabilitate these violent victims. The process involves 5 Rs: Rapport, Reflection, Realization, Reorientation, and Reintegration.]

Schreck, C. J., Burek, M. W. and Clark-Miller, J. [Department of Criminal Justice, Rochester Institute of Technology, Rochester, NY]. "**He sends rain upon the wicked: a panel study of the influence of religiosity on violent victimization.**" *Journal of Interpersonal Violence* 22, no. 7 (July 2002): 872-893. [(Abstract:) This research investigates low religiosity as a predictor of violent victimization. The theoretical framework the authors present here posits that religiosity should help structure daily activities in such a way as to (a) limit exposure to offenders by encouraging contact with peers who are less deviant, (b) lessen one's target suitability by inhibiting grievance-causing delinquent activity, and (c) enhance guardianship by fostering stronger bonds with parents and school. Thus, although researchers expect religion to be a bivariate predictor of violent victimization, its influence should be indirect. The authors investigate these claims using two waves from the public-use version of the National Longitudinal Study of Adolescent Health (Add Health). The results indicate that religiosity is a correlate of violent victimization. Consistent with these theoretical claims, the effect of religiosity is not direct, but instead occurs indirectly primarily through its influence on self-reported delinquency and peer deviance.]

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