

A Bilingual “Neighborhood Club”: Intervening with Children Exposed to Urban Violence

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Mental health practitioners have offered relatively little in response to the pervasive community violence faced by many children living in impoverished neighborhoods. The “neighborhood club” is a school-based, short-term, support group designed to assist children with the psychological impact of exposure to community violence. Ten “neighborhood clubs” were conducted in two public elementary schools in Detroit, Michigan. This paper reviews the implementation of a bilingual “neighborhood club,” undertaken to better serve the Spanish-speaking Latino students in a school community. We discuss many of the rewards and challenges of conducting a bilingual, multicultural support group for children and conclude that a bilingual support group provides all children with a model that validates ethnic and cultural diversity while also building empathic bonds based on mutually-reinforcing, common experiences.

KEY WORDS: community violence; Hispanic; Latino; neighborhood violence; school-based interventions; support groups.

INTRODUCTION

Disproportionate numbers of impoverished, racial minority families reside in desolate and isolated, inner-city neighborhoods (Wilson, 1987). Nationally representative data indicates that nearly three fifths of African Americans live in neighborhoods where at least one fifth of the residents are poor, as compared to less than one tenth of non-African Americans (Duncan, Brooks-Gunn, Klebanov, 1994). In a similar fashion, the majority of the nation’s Latino households live in central cities of metropolitan areas. In 1998, 30% of Latino children under 18 years of age were living in poverty,

as compared to 9% of non-Latino White children (U.S. Census Bureau, 2000). Thus, many impoverished, racial minority families face adverse environmental conditions on a daily basis.

For many inner-city children, minor to unspeakable acts of violence have become a part of daily life. Journalists have chronicled endless accounts of such stories. A story in the *Los Angeles Times Magazine* began,

The morning after a 19-year-old gang member was gunned down at a phone box at 103rd and Grape streets in Watts, his lifeless body lay in a pool of blood on the sidewalk as hundreds of children walked by, lunch boxes and school bags in hand, on their way to the 102nd Street Elementary School. A few months later, during recess, kindergartners at the school dropped to the ground as five shots were fired rapidly nearby, claiming another victim (Timnick, 1989, p. 6).

Rates of violence exposure among children are remarkably high (Osofsky, Wewers, Hann, & Fick, 1993; Schwab-Stone et al., 1999; Singer, Anglin, Song, & Lunghofer, 1995). For example, among

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1,000 African American, middle and high school students in Chicago, 75% reported witnessing a robbery, stabbing, shooting, and/or killing. Moreover, nearly 50% percent of those students reported being personally victimized by violence at some point in their lives (Bell & Jenkins, 1993). Not surprisingly, exposure to community violence is associated with many negative repercussions for children including symptoms of externalizing problem behaviors, general anxiety, depression, and posttraumatic stress disorder (PTSD; Ceballo, Dahl, Aretakis, & Ramirez, 2001; Gorman-Smith & Tolan, 1998; Hill & Madhere, 1996; Singer et al., 1995).

Mental health practitioners have offered little in response to the chronic and pervasive community violence faced by many poor, urban children and their parents. Not only do parents underestimate the extent of their own children's exposure to community violence, but even therapists also have been found to underestimate young clients' experiences with community violence (Ceballo et al., 2001; Guterman & Cameron, 1999; Hill & Jones, 1997; Richters & Martinez, 1993). Community violence exposure is most likely neglected when diagnosing and establishing treatment plans for children residing in inner-city neighborhoods. Other professionals with whom children come into contact, such as teachers and family physicians, are similarly silent on issues of community violence (Garbarino & Kostelny, 1994). Consequently, few programs address the psychological impact of living in dangerous neighborhoods, leaving children without adults with whom to process the range of powerful feelings that encounters with violence often evoke.

CONTEXT

Ceballo (2000) developed the "neighborhood club" intervention as a school-based, short-term, support group to assist children with the psychological impact of violence exposure. Groups meet on a weekly basis for eight 1-hr sessions and consist of 10 fourth- and/or fifth-grade students, with approximately equal numbers of boys and girls. Two or three graduate and undergraduate students serve as cofacilitators, leading the activities of each group. The group is not intended to provide children with individual psychotherapeutic services. Rather, the goals of the "neighborhood club" are to provide psychological support and life skills to children living in violent neighborhoods. More specifically, program

goals include (1) validating and normalizing children's emotional responses to violence, (2) restoring a sense of control over certain environmental factors, (3) developing safety skills and plans for dealing with dangerous situations, (4) providing information about the process of grief and mourning, and (5) minimizing the influence of intrusive psychological symptoms resulting from violence exposure.

Topics for each of the weekly group sessions are described in detail in a separate paper (Ceballo, 2000). For the purposes of this paper, we will only provide brief summaries of the eight group sessions to give the reader a sense of the overall framework. (1) *Introductions*. In the first session, the group leaders explain that the purpose of the group is to provide a safe place to talk about both good and scary things that can happen in neighborhoods. Introductions are made and the children establish their own group rules. (2) *So Many Feelings*. In the second session, the group plays a "feelings" game to help children name, identify, and express different emotions. (3) *Neighborhood Drawings*. During this session, children make drawings about their neighborhood, depicting the things they like about their neighborhood in one large mural drawing and illustrating the things that they don't like on another collective poster drawing. The drawing activity circumvents children's lack of vocabulary or verbal fluency while also providing an active, as opposed to a passive, response to environmental dangers. (4) *Skits and Safety Plans*. In this session, the children role play a strategy demonstrating how they would respond to a specific dangerous scenario that is assigned to their small group. (5) *When Somebody Dies...* Because poor, inner-city children often know the victims of violence, assisting them with the process of grief and mourning is particularly salient (Osofsky et al., 1993). Specific strategies for grief and mourning are addressed via displacement in a discussion about ways to help a story book's grieving protagonist. (6) *Gangs in the Neighborhood*. The central focus of this session is on education about gangs and gang activity prevention. The children role play different strategies to use if approached by a gang member. (7) *The Newspaper Review*. In the seventh session, a review of the group's activities occurs via the construction of a group newspaper. The children work in pairs to conduct interviews, write stories, dictate an advice column, or draw cartoons for their newspaper. (8) *The Goodbye Party*. In the last session, the group throws a party, celebrating with food and music, and all group members receive

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a certificate and a printed copy of their group newspaper.

Altogether, we conducted 10 “neighborhood club” support groups at two public elementary schools in Detroit. In 1997 the number of violent crimes (murder, rape, robbery, and assault) reached a total of 2,151 per 100,000 people in the city of Detroit, as compared to the national average of 634 violent crimes per 100,000 people (Federal Bureau of Investigation, 1997). Further, the neighborhood in which the schools were located corresponded to two census tracts that had median household incomes of \$14,257 and \$15,057, respectively, in 1989 (U.S. Census Bureau, 1990). School principals and teachers selected the children who participated in the groups on the basis of knowledge about the children’s family background, exposure to violence, and our request to have a group that included a balance of both high and low functioning students. The groups consisted of children aged 9–12 years, from European American, African American, and Latino (predominantly Mexican American descent) backgrounds.

CHALLENGE AND RESPONSE

As part of our commitment to community-based research, the first author sought to “give something back” by providing services to the schools where she conducted research. She hoped to counter the stereotype that community leaders held of university researchers who eagerly come into the schools, collect their data, and are never seen again. Thus, her team of graduate and undergraduate researchers not only collected data for the research project, but also regularly volunteered in the schools as tutors, participated in an “E-mail buddies” program with a computer class, and conducted “neighborhood club” support groups.

In conducting our research in Southwest Detroit, we went to great lengths to make our recruitment efforts and research materials accessible to Spanish speakers. We translated and back-translated all of our flyers, questionnaires, and feedback sheets, and we used a bilingual teacher who lived in the neighborhood and was familiar with the local dialect as a translator of our measures. The first author was thus surprised when two graduate students, the second and fourth authors, approached her about doing a “neighborhood club” that would incorporate Spanish for the Spanish-speaking children. At

that time, we had been working with families in these schools for several years, and it felt like an enormous oversight that we had not made our intervention efforts more accessible to Spanish-speaking children.

As a Latina professor of psychology the first author specifically chose to conduct her research in Southwest Detroit to include Latino children and parents in her research. Thus, when approached by the second and fourth authors, the first author immediately agreed to supervise their facilitation of a bilingual “Neighborhood Club.” Both facilitators were Latina, doctoral students in Psychology who spoke English and Spanish fluently and had extensive experience conducting “Neighborhood Clubs” in English. The first author observed some sessions and supervised all of the group sessions by meeting with the graduate student facilitators to review and discuss process notes on a weekly basis. In preparation, we translated all materials and props used in the group into Spanish and consulted the literature for information on bilingual support groups. We were disappointed in the literature, finding few articles on bilingual, multicultural support groups for children. As we embarked on this project, our goal was to conduct a support group where all activities and discussions would occur in both English and Spanish, allowing students to work on projects in either language. With the school’s support, we began a bilingual “Neighborhood Club” consisting of five Latino children and three European American children. The children were encouraged to participate and speak in whatever language felt most comfortable to them; most of the Latino children knew some English, albeit to varying degrees. The graduate student facilitators alternated using both English and Spanish so that all of the information provided was accessible to children in both languages. For example, the group rules and safety plans were written on the board in both languages and the final group newspaper was printed in both English and Spanish.

We were, however, not prepared for the children’s opposition to the group format or the intensity of their reactions to a bilingual support group. None of the children were shy about expressing discomfort with the bilingual nature of the group. (We will use pseudonyms in this paper to protect children’s confidentiality.) Two of the Latina girls, Raquel and Veronica, were disappointed that the group was not going to be conducted exclusively

in Spanish. Both of the girls had previously enjoyed conversing with one of the group facilitators in Spanish and delighted in chatting about “telenovelas” and Latino pop stars. The girls now resented that all of their conversations would be translated into English. Likewise, the European American children expressed discomfort with Spanish and the translations. Although the group leaders repeatedly reassured the European American students that they would provide exact translations of everything that was said in Spanish, the non-Spanish-speaking children seemed suspicious of the use of Spanish.

Although this group spent more time acting out (e.g. teasing each other and challenging the group rules) than most other groups, the children expressed their individual reactions of discomfort to the bilingual format in a variety of ways. Luis was the shyest member of the group, speaking very little English and initially preferring not to participate or speak at all, even in Spanish. In the very first session, one of the boys teased Luis for not understanding English. In contrast to Luis’ general reluctance to participate, Alicia, a Latina student, made tremendous efforts to convey her feelings in English even though this was clearly very difficult for her to do. Another European American child fervently declared that the group should only speak in English because, “This is America.” Although the facilitators stressed that “America” had consisted of culturally distinct and racially diverse groups of people for centuries, we wondered to what extent this child’s comment, in particular, may have intimidated the Spanish-speaking children. Indeed, it was not until the fifth session that Luis and Alicia seemed comfortable speaking freely in Spanish.

Some activities were well suited to the bilingual group format whereas other activities were more difficult to conduct because of the language differences among the children. In the third session, drawing activities worked well in the bilingual group, providing all of the children comfort in communicating via a familiar and more neutral medium. In their drawings of the “positive things” in their neighborhood, the children drew typical things like flowers, trees, their houses, backyards, and sunny days. Not surprisingly, many of their drawings of the “worst things” in their neighborhood centered around violence. Veronica drew a picture of a relative being hit by a car. Several of the children drew pictures with “bad people,” graffiti on school buildings, gang members using drugs, and mean, stray dogs. Richard filled

his page with action-packed drawings of a shooting that resulted in a bloody scene with a person being rushed to the hospital and another person escorted to jail by police officers. All of the children eagerly contributed drawings to the group’s two poster murals of “best” and “worst” things in neighborhoods, and they all, regardless of ethnicity, empathized with each other’s drawings of the dangers in their neighborhood. Richard shared with the group that he had witnessed the shooting of a friend. The facilitators normalized their emotional reactions to witnessing violence with the use of displacement, and the children emphatically agreed that seeing violent incidents makes all children, and even adults, feel very scared and upset. Richard added feeling “helpless” as another big feeling.

The fifth session on grief and mourning also worked quite well in a bilingual group format. We began this session by noting that sometimes when scary and violent things happen in neighborhoods, people can die as a result of violent actions. The facilitators corrected misconceptions and offered accurate information about what happens when people die, while respecting different cultural customs and beliefs about death. The children talked about funerals, open versus closed coffins, and cultural traditions like “El Dia de los Muertos.” We noticed that the bilingual children felt more comfortable speaking in Spanish during this session than in previous ones. Even Luis, who was usually reticent, participated much more than usual. Speaking in Spanish facilitated the children’s sharing of cultural beliefs and practices about death and mourning. Next, the facilitators read and translated a short story about a boy named Everett and the death of his father. The group offered many wonderful suggestions to help Everett cope with his father’s death, and the discussion naturally led to the introduction of the “memory box.” The children enthusiastically contributed suggestions of things that Everett could put in his “memory box” to remember his father. They suggested photographs, clothing, old cards, and things that they had made or built together.

In the final activity for this session, the group leaders introduced the idea of writing letters to those who have died. The children were excited about writing a letter to a famous person. They used the photos and short biographies of several famous people (e.g. Princess Diana, Selena, Babe Ruth, Cesar Chavez, Florence Griffith Joyner, and Martin Luther King Jr.) that the facilitators had collected to choose a person for their letter. Each child wrote in the language

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that they felt most comfortable using, and as a result, their letters were quite rich and expressive. Richard wrote to Princess Diana, "You did a good job. I'm happy for you. You gave children a second chance of life. It's okay to die if you go to heaven. P.S. The guy that killed you has been locked up and is going to stay locked up for a long time." Raquel wrote a letter to Selena that began, "Cuando me dijieron que te vias muerto no lo creia. . . (When they told me that you had died, I didn't believe it. . .)" and then switched into English. A few of the children decided to share their letters by reading them to the group in Spanish and English.

The most difficult activity to conduct bilingually was the development and performance of skits in sessions four (skits and safety plans) and six (gangs in the neighborhood). In session four, the children were placed in pairs depending on the language that they most preferred using. However, the effectiveness of their performances was diminished because their presentations to the group often required interruptions for translation by one of the group leaders. During skits conducted in Spanish, the European American children lost interest and became disruptive and vice versa. Luis refused to perform the skit that he and Raquel had worked on together. They had planned to do a skit where a kid is being pressured to play inside an abandoned house. In the end, one of the facilitators performed the skit with Raquel. The facilitator worked very hard to get Raquel to go with her into the abandoned house, but Raquel held her own ground and explained several reasons why they shouldn't play in there. When the skit was over, Richard immediately asked for a translation! Although Alicia and Veronica both volunteered to translate, Richard insisted that the facilitator would provide a more complete translation.

To our surprise, Veronica, the Latina student who spoke the most English, had asked to be paired with David, one of the English-speaking boys. Although she struggled at times with her English, the pair worked remarkably well together and formed a friendship that reflected the diminishing tensions within the group. When they performed their skit, Veronica was initially overcome with giggles. David, however, possessed a natural talent for acting and was impressively convincing as he confronted Veronica for bringing a knife to school. He asked her why she had brought the knife, offered alternative ways of handling her problem, and reminded her about the consequences for her behavior. Afterwards, the

facilitators helped the group discuss additional strategies for handling such a situation.

REFLECTIONS AND DISCUSSION

In retrospect, the authors realized that we did not anticipate many of the challenges that arose in our bilingual, multiethnic support group for poor, inner-city children. We (wrongly) assumed that the children would be delighted by our efforts to provide an inclusive, culturally sensitive intervention. Instead, we found that the children were disturbed by the bilingual format and initially voiced many concerns about how such a group was actually going to work. None of the children were unequivocally happy or pleased with our chosen format. On our end, the facilitators often felt overwhelmed by having to translate between two languages while simultaneously facilitating the group's activities, handling difficult and complex emotional material, and keeping the children on task. We must also admit that at the beginning of this endeavor, it did not occur to any of us to conduct a monolingual support group solely in Spanish. We expected that children who were in an English-speaking school setting would be more facile with their language abilities and comfort levels. Once again, we assumed that a bilingual format would offer the perfect compromise and middle ground for all involved. Community psychologists have long advocated for the importance of fostering empowerment in our attempts to help others (Rappaport, 1987). We are struck in hindsight by our negligence of this principle. Rather than begin this new endeavor by talking with children and asking them for their thoughts and opinions, we relied instead on our own assumptions and "expertise." We neglected to ask the children for their suggestions! Perhaps we did not think to ask, precisely because our participants were children. We now wonder if we may have constructed this group differently had we gotten some preliminary feedback from the children first.

Many of the difficulties encountered in our bilingual "neighborhood club" would not be issues in a monolingual support group, for it is certainly easier to conduct support groups in only one language. Moreover, conducting support groups solely in Spanish may provide important benefits for the Latino children. Spanish-speaking children may thrive in the safety of a Spanish-speaking group, especially if they are often discouraged from using their native language in settings outside of their homes.

A Spanish-speaking group may also serve to bolster children's self-esteem by validating the importance of their culture and native language. Anecdotal accounts frequently speak to the self-affirming nature of building relationships with people who are similar to us. Indeed, the very premise of clinical group work builds upon sharing experiences with others who have undergone similar experiences (Yalom, 1975). A monolingual support group would avoid many of the difficulties we encountered in balancing issues of racial and cultural diversity among children. Thus, we can see that there are clear benefits to conducting a monolingual, Spanish-speaking support group in inner-city schools and can support the many various reasons for choosing to do this.

And yet, to have created a monolingual Spanish-speaking group would not have accurately reflected the racially and culturally diverse nature of the children's school and neighborhood. As we conducted this group, we adopted and embraced a new goal, one that was not part of our initial goals to help children with the psychological impact of violence exposure. We found ourselves striving to create a group setting for the children that embraced comfort with language and cultural diversity. Given the tremendously multicultural nature of our present society, all of us—especially children—will need to develop skills and comfort working and interacting with people from different races, ethnicities, gender, social class, sexual orientations, physical abilities and religions. "The advantages of being able to understand how others think and function, to cope across racial divides, and to lead groups composed of diverse individuals are certain to increase" (Bowen & Bok, 1998, p. 279). Learning from racial and cultural diversity is a critically important aspect of American education, one that should not be limited to the college level. Like Bilides (1990), we saw that societal struggles and prejudices regarding race, color, and ethnicity were reflected within the intervention group and manifested in specific group dynamics such as seating arrangements, alliances between group members, and stereotyping. We found, as others have reported, that confronting issues of bias and prejudice directly and candidly, as they arose within the group setting, worked best (Bilides, 1990; Hurdle, 1990; Tsui & Schultz, 1988).

Having embraced a new goal of modeling the richness of a multicultural educational and supportive group setting, we did not have the luxury of treating diversity issues as a "distraction." When one of our students protested the group's bilingual format,

reminding us that "This is America," we tackled this assertion head-on. We offered an alternative vision of America, one that was not exclusively white or solely English-speaking but historically rich in its diversity of people. We also empathized with the children's fears about participating in a bilingual group and normalized the feelings of unease and suspiciousness at hearing others speak in a different language. We recognize that this young boy's candid declaration of who is and who is not an "American" was an expression of xenophobia and ethnocentric beliefs about culture and language. Indeed, the privilege of being both white and male likely facilitated this student's ability to challenge the group and the two women of color facilitators in this way. This incident, more than any other occurrence, confirmed for us that we needed to adopt an additional agenda in our intervention—that of teaching children about the dangers of racism, stereotyping, and cultural elitism.

We do not think we could have addressed our original goals of helping children process their emotional reactions to violence if we had not directly dealt with the children's discomfort surrounding the group's cultural diversity and bilingual format. It was this discomfort that often made this group more difficult to handle than our previous groups, and if we had not directly addressed these issues, we do not think it would have been possible to conduct the "neighborhood club" activities in a reasonably coherent manner. In facilitating this bilingual support group, giving both English and Spanish equal prominence, we became committed to creating a model that would validate language and cultural diversity while affirming the importance of common experiences concerning, in our case, experiences with community violence. Hence, we attempted to do two things that are often seen as diametrically opposed—validate racial and cultural differences and build empathic relationships based on the common, unifying experiences of living in a dangerous neighborhood.

As previously noted, we believe that there are certain situations and goals that may best be met by monolingual, culturally specific support groups. Equally true, however, is that culturally diverse support groups in a bilingual format may serve many important functions, like fostering values for cultural and ethnic diversity. For those interested in conducting multicultural, bilingual support groups, we wish to highlight a few suggestions garnered from our experiences. It understandably requires more time to establish trust and comfort in a bilingual, multicultural group. We thus recommend that

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facilitators of bilingual support groups plan to incorporate extra sessions, dedicated to discussing cultural differences and commonalities and to creating open, nonjudgmental, and safe environments for group discussions. Eight sessions were simply not enough time to address complicated, interracial group dynamics. In addition, the training and supervision for group leaders must include attention to issues of cultural awareness and sensitivity—even when groups are fortunate enough to have facilitators that are familiar with the sociocultural context of the group members.

A great deal of care and attention must be paid to the selection of the group facilitators and the composition of the group. Our group was facilitated by two high-achieving, professionally successful, Latina doctoral students. Simply by being present in the school, they served as role models to many children. Further, their ability to facilitate a “neighborhood club” bilingually contributed to the validation of the Latino children’s Spanish language and cultural heritage. Ideally, we believe that in a multicultural support group, membership should be balanced in terms of gender, ethnicity, and language preference. In our bilingual group, it may have been especially difficult for the European American children to experience being in the “minority.” Moreover, the English-speaking children may have felt unsettled by the linguistic and cultural bonds shared between the group leaders and the Latino students. The Spanish-speaking Latina girls made several attempts to highlight their similarities, in terms of gender and culture, with the group facilitators. Whenever possible, we believe that balancing the cofacilitators by gender, ethnicity, and language would also be ideal. Providing a male role model for the boys and modeling an adult pair who are not threatened by each other’s differences would have been tremendously beneficial in our group.

Although research has addressed the challenges of conducting group interventions for single ethnic minorities, very little research concerns the benefits and difficulties of interventions for multicultural groups. Despite the many challenges that arose in conducting a bilingual group, the children appeared to benefit from the group and shared their pride at having been members of a “neighborhood club,” as children in other groups had done. By the seventh session, the group had become dramatically more cohesive. There was little bickering and acting out in that session as the kids diligently went about the different activities in constructing their group newspaper. Despite the language and cultural differences

that were quite salient at the beginning, the children shared personal experiences and feelings about violence and loss, provided each other with empathic responses, and conscientiously developed sound safety plans. Their discussions of experiences and emotions related to loss and trauma served to build and forge common bonds between them, irrespective of their differences in race, culture, and language. In the end, these children drew themselves together into a supportive and cohesive group, jointly tackling very difficult, real-world issues in caring and thoughtful ways.

In an evaluation of the “neighborhood club,” we found no significant differences in pre- and posttest measures of depression or posttraumatic stress disorder (PTSD) among 25 children who were randomly assigned to participate in the groups and 25 children placed in a waitlist control group. Still, children’s responses to questions specifically evaluating the intervention were quite positive. For example, 92% of the children in the intervention group reported that it helped “a great deal” or “a lot” to hear other kids talk about things that happen in their neighborhoods, and 80% of the children reported that it was “a great deal” or “much” easier to talk to other kids and adults about scary things that happen in neighborhoods. It is too early to accept these findings on scales of psychological adjustment as evidence of the inefficacy of this supportive intervention. A more extensive evaluation is needed with larger sample sizes and additional outcome measures. The “neighborhood club” may provide children with other benefits that we did not measure, such as increased feelings of support, safety, and control or preventative outcomes for the future. Thus, more conclusive empirical validation of this and other such support groups is greatly needed.

We acknowledge that providing support groups in inner-city schools does not address the larger structural problems that are at the root of community violence. Significant economic and political transformations are needed to change the conditions of poor inner-city neighborhoods. Yet, mental health professionals must respond to the urgent needs of children and families who reside in impoverished neighborhoods and experience chronic exposure to community violence. We believe that addressing the emotional well-being of some should not be of less value than the equally important work of political and social change. We hope that participation in the “neighborhood clubs” helps children feel

less isolated by experiences with violence, more empathically supported by peers and caring adults, and empowered by the acquisition of concrete coping strategies. Our attempts to better serve Latino students in a public elementary school led us to experiment with the bilingual implementation of our support group. Although this undertaking was not free from difficulties, the challenges provided us with important insights and information about constructing interventions for multicultural groups of school children. Moreover, we believe that it is only by making such efforts and sometimes “learning as we go” that we may tailor our interventions in a culturally sensitive and respectful manner.

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