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## Brief Reports

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### *The Neighborhood Club: A Supportive Intervention Group for Children Exposed to Urban Violence*

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*This paper describes a short-term, supportive intervention group, the "Neighborhood Club," designed to assist children with the psychological impact of exposure to urban violence. It addresses the void of therapeutic work attending to poor children's chronic exposure to community violence. Theoretical and clinical rationales for this intervention are discussed, and illustrations from ten school-based groups are offered.*

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Many children residing in impoverished neighborhoods are bombarded by incidents of violence and their aftermath. Consequently, rates of exposure to community violence are exceptionally high for many poor, urban children (Bell & Jenkins, 1991; Fitzpatrick, 1993; Gladstein, Rusonis, & Heald, 1992; Lorion & Saltzman, 1993). For example, among 170 fifth and sixth graders in a metropolitan school system, over 80% reported regularly hearing the sounds of gunfire in their neighborhoods, and one in every six children reported witnessing a homicide (Lorion & Saltzman, 1993). Evidence that children's exposure to community violence is related to academic, behavioral, and psychological difficulties has steadily accumulated.

Several studies have indicated that children's exposure to violence increases their susceptibility to externalizing behavioral problems (Cooley-Quille, Turner, & Beidel, 1995; Osofsky, Wewers, Hann, & Fick, 1993), feelings of hopelessness (DuRant, Getts, Cadenhead, Emans, & Woods, 1995), general anxiety (Hill & Madhere, 1996; Martinez & Richters, 1993), and depression (DuRant, Getts, Cadenhead, Emans, & Woods, 1995; Gorman-Smith & Tolan, 1998). Children who are exposed to violence are also more likely to engage in ag-

gressive behavior and to be future perpetrators of crime (Attar, Guerra, & Tolan, 1994; Gorman-Smith & Tolan, 1998). Further, a multitude of reports reveal that children who are exposed to chronic community violence manifest symptoms of every diagnostic criterion of post-traumatic stress disorder (PTSD) (Bell & Jenkins, 1991; Eth & Pynoos, 1985; Gladstein, Rusonis, & Heald, 1992; Lorion & Saltzman, 1993; Martinez & Richters, 1993; Pynoos & Nader, 1988).

#### TREATMENT AND INTERVENTION ISSUES

The mental health field is presently quite limited in its capacity to respond to the effects of chronic, pervasive environmental violence on children and families (Lorion & Saltzman, 1993). It is most likely that chronic exposure to violence is simply neglected when diagnosing and treating the symptomatic behavior of inner-city, racial-minority children. Not only are children not screened for exposure to violence, but, in a survey of 67 children in residential treatment and their 23 therapists, Guterman and Cameron (1999) found that therapists substantially underestimated their young clients' exposure to community violence. Yet, many children never even enter a mental health facility or receive services of any kind. Accordingly,

among a sample of 834 adolescents attending a general medical care clinic, victimized adolescents reported that they did not seek medical or psychological help after being the victim of a violent crime (Gladstein et al., 1992).

Few programs address the impact of living in dangerous neighborhoods with repeated exposure to violence. In many communities, a child's traumatic exposure to one incident of life-threatening violence would understandably result in supportive and therapeutic assistance. How, then, can we justify the general lack of attention given to the continuous trauma experienced by poor, urban children who are exposed to pervasive violence in their communities? Some professionals who work with children from high-risk neighborhoods have noted their own feelings of powerlessness, fear, and inadequacy when faced with their clients' environmental situations (Garbarino & Kostelny, 1994; Guterman & Cameron, 1999). Additionally, Guterman and Cameron (1999) suggested that some therapists do not identify community violence exposure as relevant to therapeutic work, choosing instead to focus more on family or intrapsychic factors and less on contextual variables.

Unfortunately, the pervasive and dire features of urban violence have created a code of silence, perpetuated and shared by many adults. Other professionals, including teachers, caseworkers, and doctors, are similarly silent. Teachers, for example, report that they do not know whether to discuss or ignore an incident like a gang shooting that caused children to crawl into the school building (Garbarino & Kostelny, 1994). Consequently, children are all too frequently left without adults with whom they can process feelings of hopelessness, dread, and vulnerability. Perhaps even more damaging, some children internalize a sense of the powerlessness and unreliability of adults. Collectively, all of these findings underscore the need for intervention programs that assist professionals in helping children cope with the psychological impact of exposure to chronic urban violence.

## THE NEIGHBORHOOD CLUB

### Group Structure

This paper will describe a short-term, supportive intervention group, the Neighborhood Club, designed to assist children in impoverished neighborhoods with the psychological impact of exposure to urban violence. The Neighborhood Club is an attempt to begin addressing the void of therapeutic

work that attends to poor children's chronic exposure to inner-city violence. It is a school-based support group designed for elementary-school children, and led by two or three group facilitators. Groups meet on a weekly basis for eight one-hour sessions. Group sessions are tailored to work best with ten fourth and fifth grade students and approximately equal numbers of boys and girls.

It is, by now, practically unquestionable that children, even at this young age, are exposed to urban violence; intervening in the elementary school years may have a preventive effect, reaching children before long-lasting sequelae of trauma exposure have solidified. Locating this intervention within a child's school is partially a strategic decision, since the families that are most affected by community violence tend to have the least access to mental health services in their communities (Marans, 1993). Needless to say, it is crucial to obtain administrative support for such an intervention from the appropriate school officials and teachers.

The focus of Neighborhood Club activities and discussions are psychotherapeutic and educational in nature. Specifically, the program goals include: 1) validating and normalizing children's emotional reactions to violence; 2) helping children restore a sense of control over certain aspects of their environment; 3) assisting children in developing safety skills for dealing with chronic environmental violence; 4) teaching children about the process of grief and mourning; and 5) minimizing the influence of PTSD symptoms on educational tasks and other daily life events. The group is not intended to provide children with individual psychotherapy. Thus, children are not asked to speak directly about trauma-related incidents in their past. Group leaders make every effort to assure that discussions about neighborhood violence occur in displacement, one step removed from the personal experience. For example, the group will discuss what "most children" are likely to feel in dangerous situations and will normalize the fact that "most children and even adults are scared by people with guns."

Ten Neighborhood Clubs have been conducted at three public and charter schools located in poor, high-crime neighborhoods in Detroit. In 1995, the number of FBI Part I Crimes (murder, rape, robbery, assault, breaking and entering, larceny, auto theft, and arson) in one of the neighborhood's police precincts reached a total of 3,741 (*Detroit Po-*

lice Department, 1995). Children were selected to participate in the groups by their school principals and teachers, based on knowledge of the children's family backgrounds, their exposure to violence, and an understanding of the general aims of the group. The children ranged in age from nine to 12 years, and there were roughly equal numbers of boys and girls. Their racial backgrounds included Caucasians, African Americans, and Latino/as, with the largest concentration of Latino/a children being of Mexican-American descent. Additionally, Spanish-speaking children participated in Neighborhood Clubs with bilingual graduate student leaders, who translated information as needed.

### Club Themes

Titles and topics of the weekly group sessions are: 1) Introductions, 2) So Many Feelings, 3) Neighborhood Drawings, 4) Skits and Safety Plans, 5) When Somebody Dies..., 6) Gangs in the Neighborhood, 7) Newspaper Review, and 8) Goodbye Party. While group facilitators are guided by a detailed manual outlining all Neighborhood Club sessions and activities, what follows here will be a brief synopsis of each session, with special attention given to clinically relevant material from the group experiences.

### Introductions

The group leaders open the first session by introducing themselves to the children and explaining the purpose of the group: to provide a safe place for them to talk about their neighborhoods and the different kinds of things—both good and scary—that can happen there. It is important not to focus solely on negative neighborhood events, since people can demonstrate remarkable signs of strength and resilience in even the most desperate situations. Thus, no neighborhood or community is “all bad.” Early in this session, the children's assistance is elicited in establishing group rules. (In several groups, the children insisted that the rules should include no guns or knives. The facilitators complied and wrote a “no weapons” rule on the board, accompanying other rules that one might more typically expect from fourth and fifth graders.) Additionally, the group leaders explain and discuss a confidentiality or privacy rule. During this initial session, the children also make collages that describe themselves, which they then use when introducing themselves to the rest of the group.

As soon as the purpose of the Neighborhood Club is explained, the children often begin spontaneously sharing stories about their encounters with violence. In one group, a child said he had seen a stabbing, another child started to describe a drive-by shooting, and a third announced that his neighbor had been attacked. Having received permission to talk about their experiences with violence, the children seized the opportunity, and it felt to the group leaders as if a floodgate had opened. The clinical challenge at this point was to encourage the children's enthusiasm for sharing and discussing such events while also moving this discussion into displacement. Although many of the children in these groups were eager to discuss their experiences with violence, it is important for the overall functioning of the group to discuss such issues in displacement because other group members may not be ready to confront traumatic material so directly.

### *So Many Feelings*

In the second session, the main group activity is to play a “feelings” game in which one child makes a face to illustrate a feeling, while the rest of the group guesses what feeling the child is acting out. Invariably, the children enjoy and become deeply engaged in this activity, which helps them identify, name, and express emotions while also creating a sense of group cohesion. The group facilitators use this session to normalize a broad spectrum of feelings and to discuss how to manage difficult feelings such as anger and fear. The group may discuss strategies for coping with angry feelings that are hard to control, outlets such as hitting a pillow, talking with a friend, or taking deep breaths and slowly counting to ten.

### *Neighborhood Drawings*

The primary goal for the third session is fostering discussion about the positive and violent aspects of children's neighborhoods within the context of a safe and supportive group atmosphere. Additional goals include normalizing children's feelings regarding violent incidents and helping them develop strategies for coping with strong and frightening feelings. Drawing is the main activity here, in large part because children's drawings may “initiate the therapeutic process of countering the passive, helpless stance of the traumatized victim” (Eth & Pynoos, 1985, p. 289). During this session, each child is asked to make two drawings,

one depicting "things that they like about their neighborhood" and the other, on a separate sheet of paper, "things that they don't like." During this time, the group leaders have an opportunity to circulate among the children and talk to them about their drawings one-on-one. Next, the children collectively work on two large, mural-like drawings on poster board, again one of "the best things" and the other of "the worst things in neighborhoods," with each child asked to contribute something to both drawings.

When the group drawings are finished, the facilitators lead a discussion in which each child is encouraged to describe and explain what they drew as a contribution to the mural. In depicting the "best things," children typically draw attractive houses, flowers, trees, smiling people, schools, churches, and pets. The group leaders then encourage the children to talk about positive experiences and the strengths that they gain from such things and people. It is critical to approach this work with an openness and respect for cultural differences and idiosyncratic community norms. For example, a girl in one group drew a cemetery to represent the "best things." The leaders, somewhat puzzled and concerned, talked with her to ensure that she had properly understood the instructions. Afterward, one of the teachers noted that many families in this girl's neighborhood identify the cemetery as a peaceful haven, one of the few spots in which they can find grass, trees, and solitude.

To represent "worst things," the children in these groups have drawn—in astonishing detail—shootings, robberies, bleeding people, graffiti, drug deals, and abandoned houses. While the children may express some initial nervousness, they quickly become eager to "let go" of the sights and sounds of violence. In one drawing, a child filled the page with a gun, a knife, garbage, and stray dogs. Another child drew her house and wrote, "I hate everything [in my neighborhood] but not my house or my backyard." In this case, the group facilitators empathized with the girl's distress at living in a neighborhood with so few positive attributes, while they also supported the enormous importance of having a safe and loving home.

Drawings provide an inroad, a starting place, for children to begin a discussion of things that they may have no words to express. The drawings, coupled with the response of caring and empathic adults who can tolerate the fear evoked by vio-

lence, produce a cathartic effect for many of the children.

#### *Skits and Safety Plans*

The fourth session takes an extremely concrete and practical approach to the environmental dangers and challenges facing poor, inner-city children. The overall purpose of this session is prevention; specific goals include teaching children safety skills and helping them restore a sense of control over aspects of their lives and environments.

The group leaders begin this session by asking the children what kinds of things they can do to feel safe in their neighborhoods. Their lists usually include things like avoiding unsafe areas, never walking alone, dropping to the ground if they hear gunfire, and having more than one way or one route to get home. In one of the groups, a boy suggested that pretending to have a gun could be another strategy. The group facilitators replied that, while they understood his desire to feel as safe as possible, there were lots of reasons why carrying weapons was a bad idea in the long run. They stressed that violence is never a good strategy, that violence always leads to more violence.

The children are then divided into three groups, each of which is assigned a specific scenario, for example: "During lunch time, you and your friends find out that one of the kids in your class brought a knife to school. What does your group of friends do about this?" Answers to the questions are acted out in skits, and many props are provided for the children (e.g., wallet, leather jacket, baseball cap), making this a particularly popular activity. The facilitators assist each group in designing and practicing their skit; the groups take turns performing; and the facilitators subsequently lead discussions that include consideration of other things the children could have done in the given situation.

#### *When Somebody Dies...*

The fifth session tackles the difficult subjects of death and mourning. Since inner-city children often are close to the victims of violence, the need to assist them with the process of grief and mourning is especially salient (*Osofsky, Wewers, Hann, & Fick, 1993*). Many of the children in these groups know people in gangs, often older siblings or extended family members, and many have known someone who has died violently.

This session begins by asking the children to define "violence." Sometimes the group debates the

answers, arguing, for example, about whether yelling can be categorized as violent. Group leaders turn to the subject of dying by noting that people die for many reasons, but sometimes people die as the result of a violent event. Initially, the facilitators must address children's questions and concerns about what happens when someone dies, correcting misconceptions and offering accurate information that is respectful of different cultural beliefs and practices.

Specific strategies for grief and mourning are then addressed in displacement: one of the group leaders reads aloud from a book in which the death of a person or a pet occurs. Subsequent discussion centers on ways in which the book's protagonist can be made to feel better about his or her grief. For example, the character can remember the dog on special days, keep a photograph of the animal in a wallet, talk to someone about feeling sad and lonely, or share things with the dog by writing it a letter. Next, the children are asked to suggest special things that can be placed in a "memory box" (a nicely decorated shoe box) to help the storybook character remember his or her dog. The children typically come up with a long and creative list of objects that can be put in the memory box. Moreover, some children adapt these strategies and apply them to other painful situations. In one group, a number of members with absent fathers talked poignantly about what they could put in a memory box to remember their missing parent.

### *Gangs in the Neighborhood*

The central focus of the sixth session is on preventing children's involvement with gang activities. The session tends to elicit children's personal stories about their encounters with gangs. One boy, for example, revealed that his older brother was a gang member who had been shot. In another group, a girl mentioned that she had been attacked by a gang member. This led another child to fabricate a more elaborate, frightening, and somewhat unbelievable story about a gang-related encounter. One advantage of dealing with such stories via displacement is that the facilitators do not have to worry about delineating truth from fiction. They deal with the underlying fears and emotional conflicts created by such events—real or imagined—as they may apply to all of us.

At the outset of this session, the children are encouraged to discuss forthrightly the pros and cons of belonging to a gang. When the children in one

group talked about how gangs may have started, one boy suggested that, "It was because somebody was lonely and they wanted to feel tough, so he got a group of people who were lonely too and formed a gang." While the groups never discuss local gang signs, colors, or territories, the group leaders do provide children with general information about street gangs. For example, the children are told that when you join a gang, you are typically "beaten up" or "jumped" as part of your initiation.

The children are also asked to draw up a list of reasons why it is never smart to join a gang. These lists typically include reasons such as: gang members lie about loyalty and friendship; the first thing gang members do is beat you up; gang membership will bring you lots of enemies; most gang members get in trouble with the police or go to jail; you could get blamed for something other gang members did; you might get killed in gang fights; and gang members won't let you leave when you want to.

Specific goals for this session include 1) highlighting why the disadvantages of joining a gang outweigh the benefits, and 2) teaching children safety skills that are particularly relevant to gang activity. The children are asked to act out specific things that they can do when approached by gang members, with the group leaders playing the part of recruiting gang members, e.g., proposing that a child run a drug-related errand. Each child has the opportunity to role-play the implementation of one of four strategies: 1) stomping his or her foot firmly, saying "no" loudly, and running away; 2) "faking out" the gang members by promising to help them tomorrow, but saying that, "I have to go home, now"—and then, of course, never returning; 3) giving the gang members anything they ask for, because one's own health and safety are most important; and 4) acting "crazy" or "sick enough to vomit" so that the gang members will become uncomfortable and leave the child alone. In discussing each of these approaches, the facilitators repeatedly stress that all the children have the know-how and the ability to make smart choices. The children so greatly enjoy "standing their ground" with gang members that they often ask to repeat these exercises over and over.

### *The Newspaper Review*

The seventh session addresses many issues related to the end of a therapeutic experience. Goals at this stage include reviewing material that has

been covered in previous meetings, discussing the many feelings associated with endings and separations, and creating a tangible final product: a newspaper that provides each child with a memory of the group—a technique that Kalter, Pickar, and Lesowitz (1984) reported having successfully used as a concluding activity with children participating in divorce groups.

During this session, group members work in pairs to produce the newspaper. With assistance from the group leaders, the children write stories about their Neighborhood Club activities, interview other group members, write or dictate responses for an advice column about neighborhood problems, and draw funny pictures or cartoons. They typically approach these tasks with vigor, excitement, and a unified sense of team effort.

### *Goodbye Party*

In the last session, the group celebrates by holding a party at which the group leaders, in conjunction with the school principal or a teacher, give each child a diploma and a copy of the final, printed newspaper. The purpose of this last session is to celebrate the children's accomplishments in the group and to mark the ending with an opportunity to say their good-byes to the group leaders.

### **Theoretical Considerations**

A conceptual framework based on the resiliency literature provides one theoretical underpinning for the approach taken in this intervention. A great deal of research has explored the identification of factors that allow certain children to excel despite overwhelming odds. Two dimensions of resilient functioning are particularly pertinent to the Neighborhood Club groups: 1) actively trying to cope with stress, as opposed to more passively reacting to it; and 2) having an open, supportive educational climate that encourages constructive coping with problems (Garbarino & Kostelny, 1994; Garbarino, Kostelny, & Dubrow, 1991). Accordingly, the Neighborhood Club specifically and directly encourages children to cope actively with the stress of environmental danger and insecurity. In the groups, children plan and practice concrete strategies for protecting themselves in the community, and discuss various means of coping with the emotional difficulty of experiencing violence. Further, because this intervention takes place in the children's school, it thereby fosters an open and supportive school climate in which teachers and

other school personnel are willing to talk about community violence.

The Neighborhood Club additionally relies on empowerment theory—with roots in both feminist theory and community psychology—and the belief that affirming a client's own abilities and self-determination will improve that individual's quality of life. Moreover, many studies indicate that a sense of personal control is associated with greater ability to cope with illness and other life stressors (Peterson & Bossio, 1991). Since we cannot change the random, unpredictable nature of urban violence, the Neighborhood Club emphasizes factors and choices that children can control in order to bolster their safety. Group facilitators strive for a delicate balance between acknowledging the profound sense of dread and vulnerability that frequent, random violence engenders and bolstering children's sense of mastery and control over their environments.

In addressing the needs of an impoverished, at-risk population of children, this intervention intertwines the unique approaches of two rather different clinical orientations. An emphasis on emotional expression and the uncovering of underlying intrapsychic motives and conflicts sits at the core of psychodynamic theory. The children in the Neighborhood Clubs are eager to discuss their emotional reactions to violence. They have described rage-filled wishes to seek revenge for a prior wrong—and they usually understand that their reaction is fueled by the need to feel strong and powerful, like the gang members in their neighborhoods.

Given the real and imminent dangers facing these children, it would be remiss to exclude the provision of concrete and practical strategies that can bolster their safety. In seeking to attain its goals, the present intervention relies on many techniques used in cognitive behavioral therapies, such as role-play, stress management skills, and activity planning. This merger of theoretical approaches may well provide the best "defense" for children facing the formidable threats of community violence.

### **CONCLUSION**

A study designed to contrast intervention groups with matched control groups on pre- and post-test measures is a necessary step in empirically evaluating this program. While this is not available at present, anecdotal evidence from teachers and par-

ents does support the utility of the Neighborhood Club groups. Teachers have reported that the groups have had a calming effect on their most troubled students. And, both teachers and parents have reported that children are more willing to talk about problems and concerns following group participation.

The Neighborhood Clubs help children feel less isolated in their exposure to urban violence, provide empathic connections to peers who share similar thoughts and feelings, empower children by building a sense of control over certain aspects of their lives, and teach concrete coping strategies and safety skills. This intervention model has several implications for individual psychotherapy. The specific activities and clinical approaches proposed may be thoughtfully transferred and reshaped by clinicians working with inner-city children in other settings. As clinicians and researchers, we must not allow the enormity of the problem to silence our response; the alternative is to relinquish hope and responsibility for those who are the least powerful and in the greatest need—poor children who cannot dodge or escape the onslaught of violence permeating their communities.

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