Rapid Response with Children and Families Following Community Violence: A Clinical Social Work Approach

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Introduction

The effects of violence on children have been a national concern for some time. Indeed, the United States has the highest rate of assaults and murders than any other nation in the world and most of these incidents occur among the poor (Prothrow-Stith & Weissman, 1991). There is evidence that many children are exposed to violence. In a survey of children in New Orleans, over half reported that they were victims of violence and six percent stated that they were victims of severe violence. Over 90% of the children in that study had witnessed some type of violence, 37% had witnessed severe violence, and 40% reported that they had seen dead bodies (Osofsky, Wewers, Hann, & Fick, 1993). It seems clear that violence is a pervasive, troubling phenomenon, which challenges the coping abilities of members of society and the social systems upon which they rely. It is also apparent that society has been unable to shield children from the effects of violence, and that many children must learn to cope with violence and its aftermath on an on-going basis.

This paper will employ narrative theory as a framework to guide clinicians in their interventions with children, families and communities

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immediately following violent events in the community. Since many violent incidents happen with no warning, and the reasons for their occurrences often remain obscure, survivors of these events often have great difficulty in explaining them. Consequently, it is extremely difficult to integrate these events in a coherent manner. Community violence thus can disrupt children's functioning by challenging the ways they and others have construed their views of the world. The ways families and children negotiate the initial aftermath of violent events is especially important to address since this period profoundly influences the course of subsequent adaptations (Baker, Sedney, & Gross, 1992).

Narrative Theory and its Application

Narrative theory has developed from a convergence of trends in a variety of disciplines. Major theoretical roots lie in developments related to linguistics and language acquisition (Vygotsky, 1978, 1986); symbolic interaction (McCall & Wittner, 1990), and hermeneutics (Packer, 1985). These disciplines study the interpretation and structure of experience. Behavior is seen through the analogy of a story that people tell about their activities and how such tasks and experiences are organized into meaningful wholes (Holland, 1991).

Narratives are considered to be symbolized accounts of actions that have temporal dimensions (Sarbin, 1986). Narratives are not literal accounts of events, since they incorporate the narrator's perspective and evaluation (Gergen & Gergen, 1986). They can tie together events, behaviors, perceptions, affects, and memories in an attempt to make sense of the world.

As people grow and develop, their narratives are in the process of being constructed and revised in the light of their experiences. Narratives are used to evaluate the past in the light of the present, as models to guide current behavior, as well as to anticipate future events and experiences (Bruner, 1989).

Since narratives are woven inextricably from the fabric of experiences of the narrator, both cultural and temporal factors reflect and influence the construction of the narrative. Unique aspects of a culture, such as its history, are woven into the narrative of the individuals who comprise its members (Bruner, 1989).

Although an individual's narrative can never be fully understood by others, people and events are understandable to the extent that

the meanings of the narratives are commonly held. Palombo (1994) contends that "meanings emerge within a dialogue with others who are members of the community and who provide the context from within which meanings are created." He notes that a coherent sense of self involves a self-narrative that integrates experiences and meanings. Narratives usually have a central organizing theme which integrates disparate experiences into a coherent whole (Palombo, 1994). Thus, in a coherent narrative, sub-themes are related to one another so that there is a structure to experience. When people have relatively coherent narratives, they are able to maintain a sense of personal meaning when confronted by unpredictable events and adversity. This leads to an enhanced sense of personal continuity or narrative coherence. (Cohler, 1988).

A lack of narrative coherence can have devastating consequences. Such an experience usually results in a lack of interpersonal security, self-fragmentation, and a loosening of ties to the social environment. Holland (1991) writes that "breakdowns in stories occur when there comes a sense of disconnectedness or unrelatedness in the various aspects of experience. Details are incomprehensible because no consistent plot ties them together. Large chunks of experience do not relate to or support the underlying theme" (p. 37). This is more likely to occur when individuals experience community violence because they often have difficulty in integrating violent episodes into their narrative accounts.

Not all coherent narratives are equally adaptive. Some narratives empower people so that they can take constructive action during stressful periods. Other narratives lead people to take destructive actions or simply immobilize them. People may also maintain the stability of their narratives, and fail to account for changes in their circumstances. Such narratives therefore do not permit people to take necessary action to address the myriad after-effects of community violence. Although the development of narrative coherence is an important goal in working with and on behalf of these children and families, attention to both the structure and content of the narratives and their potential to provide avenues for enhancing a sense of self-efficacy is also an essential aspect of this work (Wall & Levy, 1996).

In contrast to earlier approaches to practice, by emphasizing the way that human beings organize their experience, narrative theory draws clinicians' attention to the manner in which clients tell their stories. The telling of these stories are deemed important since they reveal the ways in which clients have constructed the meanings of

events in their lives. Since narratives are part and parcel to on interpretive process, the stance of clinicians vis a vis their clients is that of co-constructors of meaning (Saari, 1991). Thus, the therapeutic enterprise is essentially a collaborative process in meaning making. Narrative theory thus provides mental health professionals with a framework to assist children, families, and communities in constructing explanations that promote more adaptive functioning.

Reactions of Children to Violence

Depending upon their ages, children understand and cope with violent events and death in different ways. In cases where violence has resulted in death, pre-school children, because they have not yet developed the capacity for reversibility, often have difficulty recognizing the finality of death (Nagy, 1948). Pre-school children often can appear withdrawn, subdued or mute following the death of a significant other. Children often exhibit behaviors such as irritability, rudeness and being argumentative, following the death of a significant other. In addition, they may exhibit anxious attachment behaviors, become easily upset by changes in daily routines, manifest sleep disturbances and a diminished ability to concentrate. Their play often re-enacts the traumatic event (Pynoos & Eth, 1984).

School aged children, although they recognize that the dead person will not return, nonetheless are likely to misconstrue the cause of death and assign the responsibility for the death in idiosyncratic ways (Baker, Sedney, & Gross, 1992). Thus, they can often blame themselves for the death of others, attribute the reason for death to a concurrent but unrelated event, or otherwise develop explanations which differ from adults' constructions in significant ways. The behavior of school aged children following death of a significant other is often irritable, rude and argumentative (Pynoos & Eth, 1984). Some children may experience psychic numbing and/or exhibit counter-phobic reactions (Garbarino, 1993) in an attempt to cope with the overwhelming sense of terror engendered by violence. In particular, the consequences of such an experience may result in children losing illusions that they held of the world, previously held images of themselves, and a loss of a sense of power and efficacy (McCann, Sackheim, & Abrahamson, 1988). Such deaths can affect children's ability to make sense of the world (Silverman & Worden, 1992).

Since violence is usually catastrophic, the aftermath of such events can pose unique challenges for children. Witnessing such catastrophes can be especially traumatic because it can shatter their trust in human relationships (Silvern & Kaersvang, 1989). It is particularly disruptive when children perceive themselves as responsible for failing to mitigate the negative effects that result. These children can experience fragmentation of the self and of the images of the event (Silvern & Kaersvang, 1989). The impact of these experiences can be long lasting and profoundly alter these children's functioning (Terr, 1981).

Family Reactions to Violence

Regardless of the circumstances of the violence, all family members are more or less affected. Each family member will grieve differently as they will ascribe different meanings to the victim and to the event (Sprang, McNeil, & Wright, 1989). Factors that can influence the nature of family members' grieving include: previous experiences with losses, sociocultural factors, ethnic, religious beliefs, and gender issues (Bell & Jenkins 1990; Reed, 1993; Sprang, McNeil, & Wright, 1989; Wickie & Marwit, 2000–2001). Families who experience other stressful events may be more or less able to successfully negotiate violent incidents, depending upon how well they have responded to the prior stressors. McCubbin and Patterson (1983) state that families' subjective definitions of stressors are important determinants to how well they manage stressful circumstances. These definitions reflect their values and are developed from families' prior experiences with similar situations.

Violence frequently results in the death or incapacity of family members. This often results in profound challenges for the family system. Depending upon which family members are involved in the violent event, family functioning may be adversely affected when members become unable to perform their roles (Crosby & Jose, 1983). In addition, Crosby & Jose (1983) contend that responses to the violent incident will be influenced by the prior nature of the relationship among family members, including victims.

When violence occurs, there are two main factors that concern families early in the aftermath of violence. The first involves their preoccupation with the details that surround the violence. The second is a sense of multiple personal losses (Burgess, 1975). Such

losses may include death and/or disability of a family member, as well as psychological changes in their worldviews.

Community Factors

Community institutions and members play an essential role in helping families and children frame their explanations and cope with significant events that happen to them. This occurs, in part, due to the community's composition, history, ethos as well as ways of living and problem solving. Further, how families and children define their accounts of these events will have reciprocal effects on communities.

In communities where violence is common, some members may develop narratives in which violence is perceived as normative. When this occurs, violence may be viewed as acceptable or inevitable. Some may construct narratives that portray violence as inevitable and represent themselves as unable to change this situation. When parents and community members construct such disempowering narratives, they are less able to provide a safe environment for their children.

Applications of Crisis Theory

Violence is a traumatizing event. Many children, families and communities will enter a state of active crisis, while others may not. McCubbin and Patterson (1983) present the Double ABCX model to explain these differences. According to this model, whether a crisis will ensue depends upon the psychological, material and social resources of the family, as well as the how they perceive the stressor. They posit that the stressor (in this case violence) interacts with families. These authors further note that the definition of the event is a critical factor in determining whether families will enter a crisis state. Indeed, crisis occurs when individuals' or families' interpretation lead to stress so severe that coping becomes impossible (Hoff, 1981).

Although these theorists recognize the importance of perception and appraisal in determining whether a crisis state will ensue, there is little explanation about how these perceptions are formed. Since narrative theory addresses how people make sense out of their experiences, it provides an explanation of the appraisal process.

Children, families and communities who construct progressive narratives should be less prone to entering a state of active crisis. Those who do enter a crisis state and develop the capacity to create progressive narratives as they negotiate the crisis are likely to resolve it more successfully.

During the active crisis state, clients are more open to intervention because they are in a state of disequilibrium. Clients' usual ways of feeling, thinking, and acting are altered. Their attention tends to be focused upon a few selected aspects of the crisis-provoking event. This can lead clients to have difficulties in sorting things out, setting priorities and achieving a perspective about the situation (Hoff, 1981). Such responses can lead to difficulties in visualizing constructive ways to resolve the crisis. Clients are therefore more in need of assistance in creating narratives that point to successful strategies of negotiating the crisis. Therefore, a goal of intervention is to help children, families, and communities to learn to develop narratives, which help them to manage future stressors more effectively. Indeed, these clients may be better able to manage future stressors following the resolution of this crisis because of such interventions.

Framework for Intervention

It seems clear that a major element in intervening with clients who have experienced violence is the integration of the event into narratives that enable them to proceed with their lives in productive ways. A successful narrative provides clients with a sense of self-efficacy and embeds them in their communities in a positive way. In order to construct such narratives, mental health professionals need to work directly with their clients and others in their clients' environments.

Successful interventions simultaneously address children, families and communities as constituents of the case. Garbarino (1993) notes that children require interventions that are built upon their primary relationships. He advocates interventions that affirm children's self-worth. In addition, he states that such interventions should ensure that adults and community institutions are experienced as reliable. It is in this environment that children develop safe approaches to negotiate the world.

Parents are essential in helping children adapt following the aftermath of a violence. This is difficult to accomplish when parents are overwhelmed with their own grief, fear and anxiety subsequent to the event. The development of narratives that portray parents as capable of protecting their children is a major therapeutic goal. Parents' concerns constitute an integral part of the treatment plan since they help them to address their children's needs. Competent parents assist children to achieve a sense of continuity, security and narrative coherence.

Articulating the trauma with significant others both permits expression of clients' reactions while transforming their experience of it (Saari, 1991). Repetition of the trauma is viewed as an attempt to re-establish identity in a meaningful world so that clients can function effectively in it (Silvern & Kaersvang, 1989). While expression of affect is an essential component of this process, it by itself is insufficient. In addition to catharsis, clinicians can assist clients to understand and tolerate the catastrophe, its personal meaning and their emotional reactions. Coherent narratives thus can be formed and the traumas can be experienced as a past event (Silvern & Kaersvang, 1989). The development of such narratives therefore permits clients to grieve effectively.

During the phases of coping with violence, families and children continue to be immersed in a web of relationships with others in their communities. Clergy, police, teachers, extended family members, neighbors, and others all construct their own narratives of the event, the victim, and the survivors. These narratives can profoundly influence clients' narrative constructions and therefore constitute an important part of clinical intervention. Wall and Levy (1996) state that the various narratives that are constructed by these parties should be interlocking in such important areas as the reason for the event, responsibility for the violence, the preferred means of coping, and the larger context in which the violence occurred. They assert that when narratives achieve some measure of congruence and efficacy, people are more likely to feel validated, supported, and empowered. This increases the likelihood that effective steps can be taken to ensure the integrity of clients and communities.

Clinicians should work with clients to construct narratives that support a sense of efficacy. White (1963) asserts that efficacy is important in order to maintain adaptive psychological functioning. This is especially the case following disruptive events such as vio-

lence. In particular, deriving meaning in the tragedy, in other words, making sense of it, leads to a greater sense of potential efficacy (Parappully, 2002).

Rapid Intervention

Many clients need timely assistance in coping with acute grief (Gretzel & Masters, 1984). Rapid assistance is therefore essential. A major component of these services are oriented toward helping clients to integrate the violent event, changes in status and roles, as well as integration of feelings that are engendered by the violence into a new coherent narrative. Complications that can occur during this period include:

1. deliberate or unwitting avoidance of the issue (Burgess, 1975);
2. family members who blame one another for the deleterious events;
3. difficulty communicating their grief with one another;
4. withdrawal from one another (Reed, 1993).
5. preoccupation with intense traumatic imagery (Rynearson & McCreery, 1993);
6. a desire for revenge or retaliation (McCann, Sackheim & Abrahamson, 1988).

Such narrative explanations lead to maladaptive ways of dealing with grief, and reinforce a sense of mistrust, helplessness, and/or a need for revenge. These narratives will therefore impair a family's ability to successfully function after a violent incident. Narratives which open avenues for constructive actions, on the other hand, permit clients to find meaning in the event and contributes to re-establishing a sense of equilibrium (Levy & Wall, 2000).

Engagement

One major challenge to successful intervention in the immediate aftermath of violence is engagement of families and children. There are several reasons for this phenomenon. First, since

violence may be a novel occurrence, families may not know how to access such services. Second, many families may be in a crisis state and are unable to organize themselves sufficiently to initiate professional services. Families may be overloaded with a variety of matters in the immediate aftermath of violence such as medical, legal, and material concerns. They therefore may feel too overwhelmed to address their emotional needs at this time. Last, because of denial and psychic numbing, avoidance may be a characteristics means for handling stress reactions (Janoff, 1992). Consequently, family members may actually avoid services when they are actually offered to them.

Since engagement is difficult during this period, active outreach strategies are essential components of service. The development of close working relationships among clinicians, police departments, hospital emergency rooms and other community organizations are important so these families will be identified as in need of services and referred. An important aspect of this working relationship is for clinicians to be very available and responsive to these referral sources in order to provide rapid, on-site consultation and crisis services.

Not all families will be in a position to make use of the services when initially contacted. For these families, regular follow-up contacts can be beneficial in order to assess families' needs and openness to services. A supportive and unobtrusive interest in the well being of these families may establish a relationship that will facilitate engagement at a later date. During the period immediately following a violent incident, contact with those who are in a position to help families and children to construct useful narratives is important. For example, during some of the recent shooting incidents in school systems across the country, clergy and school personnel were very influential in helping families and children to construct narrative explanations for the incident. In their search for explanations for the violent events, community leaders may not be fully aware of how such narratives open up and limit avenues for coping with them. Clinicians can meet with these parties and help them to consider how their explanations may influence community responses to the violence.

Services to Families

Figley (1983) states that survivors of traumas need to answer the following questions:

1. What happended?
2. How did the event happen?
3. Why did the event happen?
4. Why did the event happen to the family?
5. What will they do?

Since violent events unsettle people's assumptive worlds, a major task for rapid intervention is to begin the process of answering these questions. Clinicians can act as collaborators in assisting family members to construct narratives which answer these questions effectively and to help family members examine how these narratives may support or impede successful adaptation. During the period immediately following a violent incident, family members' narratives will shift since this reflects families' attempts to reach a new equilibrium. These shifts also reflect attempts to arrive at a fuller explanation of these events. The goal of intervention is to help families to construct narratives that empower them. It is important for clinicians to be aware that the immediate aftermath of violence is an extremely vulnerable time for families and that how they negotiate this period is critical.

Families often need to be helped to understand that coming to terms with violent incidents is a process. Families can therefore view the turmoil immediately following such incidents as a temporary state of affairs. Such a perspective may thus permit families to manage the stress more effectively during this period.

During the initial phase of adaptation, families fluctuate between coping with difficulties engendered by violent incidents and other aspects of their functioning. Intervention can therefore focus upon assisting families to achieve a workable balance between these two sets of demands.

In the aftermath of violent events, many clients present with a need for concrete services (Gretzel & Masters, 1984). Concrete services in themselves are extremely important. However, such services would have even more impact if they were integrated with a narrative that enhances clients' senses of security and competence. Concrete services must be offered to clients in ways that enhance their feelings of efficacy and empowerment. That is, the meanings of the concrete services are as valuable as the actual services.

Intervention with Children

During the initial phases of coping, children are often concerned about their safety and security. This is often compounded by the fact that the caretaking adults upon whom they rely are often affected by the violence as well. Intervention efforts which are directed to children in concert with families and significant others during this period are essential. This provides children with opportunities to develop therapeutic relationships with adults who may be less compromised by community violence. Such relationships would help bolster children's senses of security and self-esteem. Child clinicians also can act as consultants to caretakers in order to help these adults to respond in manners that affirm children's integrity.

Group intervention with children is an especially useful modality during this period. Gretzel and Masters (1984) note that groups can help address heretofore unspeakable losses. Groups can help children to feel more connected with others during a time when it is easy to feel disconnected from key relationships. Such intervention can also normalize the very painful feelings that arise during the aftermath of violence. When children see that peers experience similar reactions, they are able to be more accepting of their feelings.

Group treatment can also allow clinicians to identify problematic elements in children's narratives. Such elements are those that either fail to account adequately for the known facts, or those that lead to disempowering narratives. Children frequently find themselves adrift in a sea of competing narrative explanations. These narratives can be generated by the children themselves, their peers and families, or by the community at large. This could be a source of great confusion and anxiety for children. Groups permit children to present the various narrative explanations to which they have been exposed. By listening to the various ways that peers understand and organize their experiences with violent incidents, children can test out alternative narrative explanations and thus develop more effective means of coping.

Since children are often unable to express themselves directly, it is important for clinicians to allow children to use play media. While many clinicians rely upon structured or pre-packaged protocols, it is essential for children to be able to use their own means of expression. This is important since meaning making is a collaborative effort between children and clinicians. Further, since children will need to utilize their narratives, it is essential that they view their narrative

as ultimately their own. Such a perception also empowers children. This is because children gain a sense of efficacy when they feel that they were active participants in constructing their narratives.

Termination of Services

While rapid intervention services are crucial immediately following incidents of community violence, many clients will require sustained, longer-term intervention. Clinicians who provide rapid intervention services should therefore assess clients to determine whether they require extended services and negotiate appropriate treatment contracts. Those clients who best utilize rapid intervention alone are those who present both with a history of successful functioning prior to the violent incident and have developed narrative accounts that lead to successful adaptation. In these cases, it is advisable to build in a follow-up session in order to monitor their progress. Other clients should be offered opportunities to engage in extended treatment.

Given the traumatic nature of community violence, careful attention to termination is important. Many families and children will have experienced past losses and may also view their recent experiences with violence as a loss. Since termination of services is often viewed as a loss, this phase of intervention can serve as another means for families and children to gain a sense of mastery over these experiences. During the termination of rapid intervention, families and children will be aware of many long-term issues that have yet to be resolved. The ways that clients view rapid intervention services and the long-range issues that they face will have a profound impact upon successful coping. By allowing clients to voice their fears and apprehensions, clinicians can help clients to develop favorable termination narratives. Clients consequently can begin to develop an appraisal of their successes thus far and to articulate areas that they expect to be particularly difficult. Both clients and clinicians could then develop plans to deal with anticipated obstacles and anxieties more effectively.

Conclusion

Violence is devastating to children, families and communities. These situations potentially can be very deleterious to the development and

sense of efficacy within children, families and communities. This is particularly relevant to communities in which there is an over representation of such events. Narrative theory provides a framework for understanding and developing new constructions of meaning that provide children, families and communities with enhanced senses of coherence, stability and efficacy. As stated earlier, narrative theory is potentially a powerful approach to convert a senseless experience into an event whose meaning can enable children, families and communities to effectively grieve their losses. In addition, such constructions of meaning can promote a sense of efficacy that may result in significant changes within the environment. Narrative theory provides an essential framework from which to utilize and integrate multiple ways of understanding and practicing. It is particularly relevant to assisting children, families, and communities in their dealing with traumatic events such as community violence.

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