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Educational Entertainment as an Intervention with Adolescents Exposed to Community Violence

Abstract

Background: Violence is often part of life in impoverished Black communities. Youth with higher violence avoidance self-efficacy and positive coping strategies are better able to avoid violence than those without these skills. Using edutainment, e.g. dramatic presentation followed by group discussion, is one intervention that has shown success in increasing self-efficacy and coping strategies. Methods: This quasi-experimental research, examined the impact of live dramatic presentation about violence followed by group discussion, as an intervention with Black adolescents exposed to community violence as compared to group discussion only and no intervention. Self-administered scales were used to measure the concepts: stress, anxiety, violence avoidance self-efficacy and coping strategies. Data were collected pre and 9 days post intervention/no intervention from 19 subjects receiving the edutainment intervention, 20 subjects participating in a group discussion about violence, and 21 subjects receiving no intervention (N = 60). Analysis: Univariate descriptive statistics and ANOVA were conducted to determine comparability of the groups. ANOVA was conducted to determine differences in outcomes among the interventions and regression analysis was undertaken to assess mediator effects of violence avoidance self-efficacy on outcomes. Results: Edutainment and no intervention were more effective than group discussion alone in increasing violence avoidance self-efficacy. Although self-efficacy was not found to be a mediator in the relationship between edutainment nor group discussion/no intervention and outcomes, it was found to have an intervening relationship between edutainment and the outcome of stress. This study indicates limited but positive effects for edutainment. Clinical implications, limitations and further research are discussed.

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**Educational Entertainment as an Intervention with
Black Adolescents Exposed to Community Violence**

Valerie Dorsey Allen

A DISSERTATION

in

Social Work

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In

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2010

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Dedication

This dissertation is dedicated to all the angels watching over me –
My Father, James Dorsey; Aunt Gail, Uncle BB, Aunt Florence; Cousins, Albert Goldson
and Rory Warren; Grandmother, Mannie Searles; Brother in law, Russell Allen & friend,
Vernard Davis. To all angels not named, I mean no disrespect.

Finally to my mother, Orneice Dorsey Leslie,
I feel
the warmth of your smile in the morning sun
the calm of your embrace in gentle winds around me
and your comforting spirit in the still of night.
You are with me always...

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Abstract

EDUCATIONAL-ENTERTAINMENT AS AN INTERVENTION WITH BLACK ADOLESCENTS EXPOSED TO COMMUNITY VIOLENCE

Valerie Dorsey Allen

Phyllis Solomon

Background: Violence is often part of life in impoverished Black communities. Youth with higher violence avoidance self-efficacy and positive coping strategies are better able to avoid violence than those without these skills. Using edutainment, e.g. dramatic presentation followed by group discussion, is one intervention that has shown success in increasing self-efficacy and coping strategies. **Methods:** This quasi-experimental research, examined the impact of live dramatic presentation about violence followed by group discussion, as an intervention with Black adolescents exposed to community violence as compared to group discussion only and no intervention. Self-administered scales were used to measure the concepts: stress, anxiety, violence avoidance self-efficacy and coping strategies. Data were collected pre and 9 days post intervention/no intervention from 19 subjects receiving the edutainment intervention, 20 subjects participating in a group discussion about violence, and 21 subjects receiving no intervention (N = 60). **Analysis:** Univariate descriptive statistics and ANOVA were conducted to determine comparability of the groups. ANOVA was conducted to determine differences in outcomes among the interventions and regression analysis was undertaken to assess mediator effects of violence avoidance self-efficacy on outcomes. **Results:** Edutainment and no intervention were more effective than group discussion alone in increasing violence avoidance self-efficacy. Although self-efficacy was not found to be a mediator in the relationship between edutainment nor group discussion/no intervention and outcomes, it was found to have an intervening relationship between edutainment and the outcome of stress. This study indicates limited but positive effects for edutainment. Clinical implications, limitations and further research are discussed.

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Chapter 1 – Background Literature

“Don’t worry mom, I can take care of myself,” *Leslie*, 2002.

This is a line said by a 14-year-old girl in an original play performed at Freedom Theatre called *Journey of a Gun*. This play traced the path of a gun through six murders. The last two occurring in the school yard of a public Philadelphia middle school. Many of our children think they can take care of themselves in violent situations but the numbers of children who are victims of homicide as well as other violent crimes belies this thought.

In 2007, Philadelphia witnessed 392 homicides. Of those homicides, 310 of the victims were Black and 162 of them were under 25 years old (Baseden, 2007). According to Philadelphia Safe and Sound Report Card 2007, there were 15.1 assaults per 1000 students in public schools in 2005/2006. In 2006, there were 179 homicides of young people between the ages of 7 and 24. “For every young person that died of gunshot wounds in 2006, 5 others suffered gunshot injuries and survived”(McGrane, 2007, p. 44).

In some impoverished African-American communities, violence is often part of daily life. This violence includes but is not limited to: fighting, bullying, weapons, domestic violence and violent crimes. As a result, young African-Americans are at risk for difficulties in emotional well-being. There is a positive correlation between exposure to community violence and the development of extreme stress and anxiety - symptoms of Post Traumatic Stress Disorder (PTSD)(Jones, 2007).

Increased stress and anxiety levels are a particular hardship for youth who are entering or going through adolescence, a period of development marked by change and

growth. Besides the hormonal changes associated with adolescence, there is a growth spurt and the cognitive development of reasoning and problem solving. Families and society may begin to expect more adult behavior and the taking on of more adult responsibility (Darling, 2003). These changes and expectations add to the stress levels of adolescents. These symptoms of stress and anxiety may lead to withdrawal from friends and family, aggression, stealing, rebellion in the home and school, lying, use of drugs and alcohol, and thoughts of death and suicide.

In Philadelphia, what is often seen on the news is crime reports highlighting young people who have committed violent acts. Many of the reported stories are of young Black boys with jeans and white t-shirts, or Black girls with babies and too tight clothes, who appear angry or worse who don't seem to care and don't seem to have anyone who cares about them. Because of these reports, the public begins to react to Black adolescents with fear and apprehension. This reaction impacts the development of the adolescent's self perception which may lead to their involvement as perpetrators of violence and violent crimes.

This chapter provides a description of Black adolescents, adolescent development and the impact of violence exposure on adolescents. A description of what educational entertainment (edutainment) is and examples of its use, as well as other interventions used to address the issues of exposure to violence, will be discussed in chapter two.

This study aims to provide alternatives and recommendations for interventions with adolescents', ages 8 – 16, who have been exposed to community violence. For the purposes of this study the terms "adolescent" and "youth" will be used interchangeably.

Some may feel that age 8 is too young to be considered adolescent but the literature reveals that the age for entering adolescence in the United States has dropped 3 years over the past 150 years from ages 11 and 12 to ages 8 and 9 (Bellis, Downing, & Ashton, 2006; Irwin, 2005). The reasons for this drop in age for entering adolescents include a combination of changes in social structure and improvements in public health such as reduction in childhood infections and improved childhood nutrition. Changes in social structures include family disruption, absent fathers, increases in levels of divorce and increases in single families. Changes in social structures increase stress levels in children and stress is a “pubertal accelerator” (Bellis et al., 2006; Posner, 2006).

Sociobiological theory says that early puberty is an adaptive response to a stressful living environment. If there is an absence of a parent, or significant numbers of deaths (particularly of young people) the child adapts. A child “reared in a high-risk environment develops early and reproduces early, ensuring the continuation of her genetic line” (Posner, 2006, p.4). Because studies have shown that the impact of living in a community plagued with violence significantly increases stress levels in youth and stress is a pubertal accelerator, the sample for this study will begin at age 8 (Acosta et al., 2001; Attar, Guerra & Tolan, 1994; Fitzpatrick & Boldizar, 1993; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Gorman-Smith & Tolan, 1998; Warner & Weist, 1995).

Research Question

This study examined the following exploratory research questions:

1. Is viewing edutainment (a play about gun violence) followed by group discussion more effective in decreasing stress and anxiety levels and in increasing active coping strategies and violence avoidance self-efficacy in Black adolescents, ages

8 – 16, exposed to community violence than group discussion about gun violence or no intervention?

2. Is the effect of edutainment/group discussion about gun violence/no intervention on stress, anxiety and coping strategies mediated by violence avoidance self-efficacy?

Study Rationale

Developing effective interventions for adolescents exposed to community violence is important for families, schools, and the community at large. This is important because research indicates that exposure to violence is associated with increased levels of violence towards self and others (McGee & Baker, 2002). Studies are needed to help us understand the elements of successful interventions and to evaluate the effectiveness of preventive programs. “There continues to be a need for empirically validated prevention and intervention programs that specifically address the effects of witnessing violence” (Acosta, Albus, Reynolds, Spriggs, & Wiest, 2001, p.159). If we do not develop and use effective interventions with youth, we will see the continued increase of violence in schools and communities.

Defining Community Violence

Violence is defined as the exertion of physical force to cause damage to property or to inflict injury or cause harm to another person (Merriam-Webster, 2008). This study defines violence as an act or acts that are interpersonal, situational or predatory in nature or a combination and does not include violence related to accidents, natural disasters or self-harm. This study will also include acts and events that provoke feelings of

dangerousness and pervasive fear because these may be as injurious in psychosocial consequences as deliberately injurious acts (Garbarino et al., 1992).

For purposes of this study, the word “community” is used to designate the location where violent events occur, neighborhoods, schools, playground, shops, and streets close to home (Guterman et al., 2000). “Community was employed to describe social groups that share geographical space, maintain social interdependence and/or are linked by a common interest” (Guterman, Cameron, & Staller, 2000, p. 537).

The Impact of Violence Exposure on Youth

Research in all areas relating to youth and violence has increased in recent years (Acosta et al., 2001; Guterman et al., 2000; Osofsky, 1997). Acosta and colleagues (2001) reviewed 1168 articles, most (64%) focused on an assessment of interpersonal violence, 25% focused on treatments, and 13% focused on prevention. Only 5% of these articles focused on the effects of witnessing violence.

Living in communities plagued by violence can interfere with healthy development and is related to a number of psychological, behavioral, and academic problems (Gorman-Smith & Tolan, 2003). In 1991, violence exposure for children and youth was listed as a public health epidemic (Osofsky, 1999; Prothow-Stith & Weissman, 1991). Studies have linked exposure to violence, even as a witness, with aggressive and delinquent behaviors (Attar et al., 1994; Gorman-Smith & Tolan, 2003), heightened anxiety and depression (Acosta et al., 2001), grief and loss reaction (Osofsky, Wewers, Hann, & Fick, 1993), PTSD symptomatology (Fitzpatrick & Boldizar, 1993; Garbarino et al., 1992), increased recklessness in play (Schwab-Stone et al., 1995; 1999), sleep disturbances (Cooley-Quille & Lorian, 1999; Warner & Weist, 1995), and cognitive or

academic delays (Osofsky et al., 1993; Warner & Weist, 1995).

Fitzpatrick and Boldizar (1993) found in a study of 221 low-income African-American youth, ages 7 to 18, victimization and witnessing violence were both associated with symptoms of PTSD. This study described the prevalence of exposure to violence, the variations in victimization and witnessing violence and evaluated a PTSD scale on a set of demographic and exposure to violence variables. Over 70% of respondents reported being a victim of at least one violent act, 85% reported witnessing violence and 43% reported having witnessed a murder.

In a longitudinal study of African-American and Latino adolescent boys, Gorman-Smith and Tolan (1998) found exposure to violence related to increases in aggression over a one year period. Gorman-Smith and Tolan studied 245 boys and their caregivers who lived in inner city neighborhoods of Chicago. They were evaluating the relation between exposure to violence, family relationships and aggression and depression symptoms. Exposure to violence was related to increases in aggressive behavior and depression. Eighty percent of respondents reported exposure to violence with more than 50% reporting exposure to more than one violent event. A multiple regression analysis revealed that exposure to community violence modestly relates to changes in aggression. Several studies indicate that exposure to violence during early adolescence contributes to the perpetuation of violence and delinquency (Gorman-Smith & Tolan, 1998; Hammack, Richards, Zupei, Edlynn, & Roy, 2004; Prothow-Stith & Weissman, 1991).

Mazza and Reynolds (1999) found PTSD symptoms among 94 inner-city school students, ages 11 – 15, even when controlling for depression and suicidal ideation. Longitudinal studies have found witnessing community violence predicts greater

antisocial behavior in young adolescent girls. “The symptoms of PTSD displayed by violence exposed children appear to be the same as those displayed by children with PTSD following other traumatic events” (Richards et al., 2004, p. 140). Adolescents who witness violence also display the same levels of PTSD as those who were the victims (Richards et al., 2004; Salzinger, Feldman, Stockhammer, & Hood, 2002). The nature of the violence these children witness and the disadvantaged and impoverished neighborhoods in which they often live produces an environment that can be likened to a war zone (Garbarino, Kostelny, & Dubrow, 1991; Osofsky, 2004).

The Impact of Witnessing Violence on Substance Use

Besides the internalized symptoms, community violence exposure may be related to externalizing symptoms such as drinking alcohol, using drugs, carrying weapons, fighting, and trouble in school as well as antisocial behaviors and aggression (Cooley-Quille, Boyd, Frantz, & Walsh, 2001). In a study of 37 school children between the ages of 7 and 12, Cooley-Quille, Turner and Beidel (1995) found exposure to community violence related to externalizing behaviors. They found that exposure to chronic community violence predicted peer-rated aggression and serious high-risk behaviors (Cooley-Quille et al., 1995). Risk taking and experimentation with drugs, alcohol, and sex often accompany the onset of adolescence as children seek to establish their adult identities. Exposure to community violence can exacerbate this period and leave an adolescent even more vulnerable to these types of externalizing behaviors as a coping mechanism for this stressful environment.

Stressful life events, such as exposure to violence, have been found to increase the risk of substance abuse (Hilariski, 2005; Taylor & Kliwer, 2006). In a study of African-

American and Latino adolescents living in an urban environment (N= 98), Hilarski (2005) found a strong correlation between exposure to violence and subsequent substance use. Hilarski further found the violence exposure scores accounted for variability in substance use scores. In a similar study of African-American boys ages 9 to 13 years old (N=101), Taylor and Kliwer (2006) determined that exposure to community violence increased risk of alcohol use.

In a study of 104 children, ages 8.5, 9.5 and 11 years old, who scored in the upper quartile of the Violence Exposure Scale for Children – Revised, found “the percentage of children who reported substance using friends was 12% at 8.5 years, 25% by 9.5 and 45% by 11 years” (p. 671). These researchers asserted that high levels of exposure to violence increased the likelihood of having friends who used drugs and alcohol. Research has found that having friends who use drugs and alcohol is a risk factor for a child’s early introduction to drugs and alcohol (Joseph et al., 2006).

Risk and Protective Factors

When intervening with youth exposed to community violence, factors must be identified that will increase “a youth’s risk of further victimization, and range of adverse outcomes, including the perpetration of violence as a learned behavior” (Aisenberg & Herrenkohl, 2008, p. 297). Once these factors are identified, strategies can be developed to reduce the effects of violence on adolescents. Factors that have been correlated to increased rates of violence include: the prevalence of substance abuse; the availability of firearms; the lack of economic opportunity; living in densely populated urban areas; poor housing conditions; limited upward social mobility; and being a person of color (Aisenberg & Herrenkohl, 2008).

Additionally, the amount of unsupervised and unstructured time youth spend also impacts on violence exposure and problem behavior. Free time and time with peers is related to participation in antisocial behavior (Richards et al., 2004). Because of a lack of recreational facilities and limited after school programs in Philadelphia, factors of unstructured, unsupervised time can be associated with children growing up in Philadelphia. They are also factors that are difficult or impossible to change. There are, however, some mediating factors for these risks as well as other protective ones that assist youth in overcoming some of these risks.

One mediating factor is positive peer alliance which can positively influence adolescent behavior. Using peers to deliver positive messages has been successful in influencing positive choices about substance use, sexual activity, dieting, exercising and academic achievement. Giving information to peers involves more than adolescents simply repeating the health education literature to a friend. Useful information likely to influence adolescent health must be in settings and structures which are comfortable to peers and should be presented without pressure (Crosnoe & McNeely, 2008). The information must be believably presented as coming from the peer group and not from a peer who is just a voice box for well meaning adults.

Stevenson (2003) used peer support in his pilot project intervention study, Preventing Long-term Anger and Aggression in Youth (PLAAY). PLAAY, which focused on teaching coping skills and reducing anger in African-American boys, used adolescents' strengths and frustration in athletics such as basketball and martial arts to illuminate and explore their emotional lives. Stevenson created a Peer Village to help participants to appreciate who they are to themselves and who they are to the group as

compared with whom the larger society says they are. His participants pledge to be “my brother’s keeper” and to “look out for others as well as my self” (p. 176).

Stevenson found that racial socialization is an important protective factor for Black adolescents. Black males are often viewed as dangerous and as a result, as Black boys become adolescents, people begin to distance themselves from them both physically and emotionally. According to Stevenson, this feels isolating and hurtful. The outward manifestation of this hurt is anger and it fuels the boys’ aggression. This can lead to violent behavior and involvement with violence. Within the intervention Stevenson used, one strategy involved getting in close contact with the boys and touching them on their arms, handshakes or embraces especially when they were showing signs of aggression. He found that this physical contact helped to diffuse the boys’ aggression. One reason for using athletics to teach interpersonal coping is the use of physical closeness that naturally occur when youth play together. This emotional engagement teaches the boys how to interact with their peers and encourage each other in positive collective endeavors (Stevenson, 2003).

While peers are important in distributing information and influencing behavior, parents’ views are very influential in determining behavior. In reviewing research on the role of caregivers in youth risk and protective factors, Reese, Vera, Simon and Ikeda (2000) found children and adolescents learn problem solving behaviors by watching and interacting with influential people in their lives. These influential people include their parents. Reese and Colleagues reported that a child’s family can influence the risk for violence involvement by serving as a protective buffer between the child and his/her exposure to risk factors. The family can become a protective factor if families model and

reinforce positive strategies for handling conflict, monitoring behavior, limiting unstructured time and offering consistent and appropriate discipline (Reese et al., 2000).

As part of a larger study, Unger (2004) completed a qualitative study of the relationships of 43 high-risk adolescents and their caregivers. He found both formal and informal caregivers had significant influence on behaviors that promote mental health among marginalized youth. This study found that teens' (age 13- 17) interactions with parents played an important role in how they perceived their ability to overcome adversities and obstacles. This research determined that how youth perceive their caregivers' opinions and views of them helps to determine how they perceive themselves. This supports the notion that parents who feel their children have higher self-efficacy in dealing with violence and conflict situations will have more productive ways of handling conflict (Unger, 2004).

The presence of the mother in the home was found to protect against depression in youth exposed to violence (Fitzpatrick & Boldizar, 1993). Youth who have a nurturing parent or adult in their life tend to be more well-adjusted and have more effective coping and decision-making skills. "In addition, caregivers who provide emotional support, consistent and fair discipline, and provide opportunities for social and emotional growth are more likely to have children who demonstrate a broad spectrum of prosocial competencies critical to positive development" (Reese et al., 2000, p. 64). The amount of time spent in family and structured activities has been linked to more positive socialization, fewer behavioral problems and fewer symptoms of distress (Richards et al., 2004). Therefore involvement in structured activities, such as after-school programs and having nurturing families and caregivers can be considered protective factors.

Jagers, Snyder, Mouttapa and Flay (2007) also found communal values to positively correlate with empathy, social responsibilities and pro-social interpersonal values. “There is some evidence that communal orientation is associated with positive outcomes among children and youth. Also, the degree of bonding and engagement with social institutions like family, school and church, can help buffer youth from negative peer influences and subsequent problem behavior, including violence” (Jagers et al., 2007, p.139). They also suggested that a communal orientation is positively associated with violence avoidance efficacy beliefs. These values can also act as protective factors.

In terms of developing self-efficacy, parental beliefs are a primary influence. Parents provide a forum for youth to develop and practice skills needed to experience themselves as resilient. This is done by providing choices, giving achievable tasks and setting limits. As youth experience success and are given greater responsibility and more control in their lives, their levels of confidence increase and they feel good about themselves. Family members provide a forum for youth to discover ways to protect themselves from risk by helping them to develop a healthy and resilient identity (Unger, 2004).

It is important to note that “efficacy beliefs do not operate in isolation from social relations within which individuals are embedded. Rather, they operate in concert with social and environmental influences” (Caprara, Regalia, & Bandura, 2002, p. 64). Since their hostile environments are not likely to change, interventions must help affected youth build coping skills and problem-solving skills (Cooley-Quille et al., 2001).

Self-efficacy

One thing that might impact adolescent's ability to avoid violent situations as well as to intervene productively on their own behalf is their level of self-efficacy. According to Bandura's self-efficacy theory (1994), one's confidence in her ability to be successful in a specific area affects whether she will perform in that area. Self-efficacy is "the critical link between having knowledge or skills and engaging in relevant behavior... Thus if an adolescent has the knowledge to resolve social problems without the use of violence or passivity, he or she is only likely to act accordingly if the confidence to do so exists" (Vera, Shin, Montgomery, Mildner, & Speight, 2004, p.74). People's belief in their ability to exercise some control over events that impact their lives as well as to manage their lives is vital and permeative to the development of human agency (Benight & Bandura, 2004). Without a belief in one's ability to exercise control, there is little incentive to act or to persevere in times of hardship or conflict (Bandura, 2001).

Vera et al. (2004) studied whether conflict resolution and self-efficacy were related for seventh and eighth grade students attending a public school. One hundred seventy-eight participants between the ages of 11 and 15 were involved in this quantitative research. They found in their research that self-control and levels of efficacy played a significant role in predicting whether youth chose non-aggressive ways to resolve conflicts (Vera et al, 2004). The participants in this study were less likely to seek help from adults in resolving conflict and chose instead to use verbal assertiveness or to walk away as dominant conflict resolution styles. Feeling confident in one's ability to

handle conflict situations plays a role in determining what conflict resolution style is used.

Many adolescents may know the right things to do to avoid being the victims or perpetrators of violence and they know how to seek help when it is needed but they don't always follow through with what they know to be right. One reason for adolescents' reluctance to do so is that doing the right thing has the potential to make them look afraid and to put them in the position of being "picked on". Expressing fear makes them vulnerable. It puts the youth at risk of being teased or ridiculed. They believe they will be labeled a "snitch" or a "punk" if they tell adults of the potential for violence or if they attempt to walk away. They also fear they will be an outcast from their peer group. Acceptance by the "in-crowd" is extremely important for adolescents. The thought that what they do will exclude them from the "in-crowd" or produce a negative response lessens the self-efficacy to respond productively.

Young people can be cruel in their exclusion of those who are different and not in the "in crowd". Anderson (1999) spoke to the need to be accepted and respected by an "in crowd" in order to stay out of harm's way. "In public the person whose very appearance – including his or her clothing, demeanor and way of moving, as well as the crowd he or she runs with...deters transgressions feels that he or she possesses a measure of respect" (Anderson, 1999, p. 67). This respect is important because it gives youth "street" power and control. It also gives them a reputation that prevents other youth from challenging their ability to defend themselves. If youth don't have this level of "street" respect, they are challenged regularly and if they are unable to defend themselves sufficiently, they are at great risk for harm. Their response to challenges has to be swift

and effective to prevent future threats of victimization.

It is important to note that it is during adolescence when youth learn the concept of delayed gratification for long-term benefits. With the possibility of an early death, uncertain career opportunities and limited possibilities for success, thinking of consequences to negative behavior and decisions is of little importance (Caldwell, Wiebe, & Cleveland, 2006). Having street power and control today is important because without it, tomorrow may never come.

Young people who are uncertain and unhopeful about their future are more likely to exhibit different risky behaviors including early childbirth, poor school adjustment and substance use. “A lack of hope – including high expectations of a short life and a violent death, and low expectations of marriage or college attendance- might be endemic among a population that is disproportionately represented among the ranks of the unemployed, undereducated, and incarcerated” (Caldwell et al., 2006, p. 593).

In a study comprised of a sample of 2998 African-American adolescents, Caldwell and colleagues looked at a connection between future certainty and delinquent behaviors. They asked for responses on the likelihood of living to age 35 and being killed by age 21. They found significant correlation between the lack of future certainty and delinquent behaviors.

Adolescents don't believe they are safe and that the adults in their lives are able to protect them from harm. When they hear statistics like those quoted at the beginning of this paper, they feel that if they don't find ways to protect themselves, chances are they will one day be one of those statistics. Many Philadelphia youth can tell you the name of a friend or family member who has been shot or murdered. Another reason for African-

American youth to believe they are unsafe is that in the United States homicide is the leading cause of death for African-American adolescents (U.S. Department of Justice Statistics, 2003).

Trauma Theory

This persistent feeling of not being safe as well as emotional numbing and hyper arousal are symptoms of complex psychological trauma (Ford & Courtois, 2009; Mishne, 2001). Additional symptoms of psychological trauma include sleep disturbances, irritability, difficulty concentrating, exaggerated startle response and intensification of symptoms when exposed to events that resemble the traumatic incident (Mishne, 2001), Van der Kolk, (1987), stated that when people are traumatized, their ability to self sooth is compromised and they tend to rely on actions such as fight or flight, self mutilation or use of drugs and alcohol to regulate their affect. The above symptoms are reflective of the symptoms of adolescents exposed to community violence. These reactions to trauma, however, are often misdiagnosed in adolescents as borderline personality disorder, oppositional defiant disorder, conduct disorder and attention deficit disorder (Cheng & Myers, 2005). As a result of misdiagnosis and treatment planning that overlook trauma sequelae, “the child is less likely to fully recover and reach his or her previctim potential” (Cheng & Myers, 2005, p. 347).

Freud defined trauma as a sudden stimulation that paralyzes ego functions and results in a state of helplessness (Freud, 1958). Ford and Courtois (2009) stated that complex psychological trauma results from stimuli which are repetitive or prolonged, involve harm or abandon by caregivers, and occur at developmentally vulnerable times (such as adolescence). They go on to say that trauma “often leaves the child unable to

self-regulate (i.e., to control his or her feelings, cognitions, beliefs and actions), to achieve a sense of integrity (i.e., the feeling that one is a unique...and worthy individual) or to experience relationships as nurturing and reliable resources” (p.16). Trauma can significantly effect a child’s ability to develop affect and behavior regulation, core identity, and interpersonal skills. The powerlessness associated with being a victim and being in danger of victimization damages self-efficacy, affects a child’s core identity, predisposes them to see benign actions as hostile, to demonstrate resentful or resigned coping styles and interferes with the development of pro-social skills and moral behavior (Cheng & Myers, 2005). Trauma disrupts and interferes with adolescent and identity development.

Erikson’s Theory of Identity Development and Bronfenbrenner’s Ecological Systems Theory

Erikson theorized the human life cycle of man to be in 8 stages. Each stage confronts man with a crisis in the developmental process. Adolescence, which occurs during the 5th stage, was identified by Erikson as the focus of identity development. According to Erikson, the adolescent identity development process helps shape how adolescents grow and enter young adulthood. It impacts how they develop mature relationships, how they understand their role in broader society and how they participate in civil society (Johnson, 2006). It is important that they move through this period of role confusion in a way that leaves them healthy and emotionally intact.

Erikson defined identity as a “subjective sense... of sameness and continuity as an individual” (Erikson, 1968, p. 675). Identity has three levels – ego identity, personal identity and social identity. Ego identity enables each person to have a sense of

individuality. Personal identity addresses the conditions under which a person at one time is the same person at another time. Social identity is concerned with when and why individuals identify with, and behave as part of, social groups.

During this period, which bridges childhood and adulthood, the adolescents' constitutional, intrapsychic and contextual factors work together to mediate, integrate and ultimately stabilize the vicissitudes of this psychosocial crisis. The adolescent settles into consciously and unconsciously selected identity commitments in various domains of life (e.g. career, ideological, relational). Successful enough negotiation of this period results in an established identity. An unsuccessful negotiation of this period results in "role confusion" or "negative identity." (Johnson, 2006, P. 57)

During adolescence, youths who are going through a multitude of physiological changes and have tangible adult responsibilities ahead, are primarily concerned with what they appear to be in the eyes of others, in particular the eyes of their peers. They are looking for people and ideas to believe in and also to which they can prove themselves trustworthy (Erikson, 1968). Adolescents are seeking recognition by those around them. The function and status the adolescent is assigned in society is very relevant to identity formation. If the young person is "recognized at a critical moment as one who arouses displeasure and discomfort, the community sometimes seems to suggest to the young person that he change in ways that to him do not add up to anything "identical with himself" (Erikson, 1968, p.160). Because of this, the adolescent may feel a "loss of identity" which is often expressed in hostility to the family or immediate community. The

adolescent may choose a negative identity based on identifications and roles labeled as most dangerous or undesirable. These choices may be the result of mastery in elements of positive identity seemingly unattainable for them (Erikson, 1950; 1968).

Adolescents form cliques and gangs with other young people who have similar issues of not fitting in or living up to an expectation they view as unrealistic for them. These cliques give them ways to identify themselves with other like people and to establish a common “enemy”. “They also perversely test each other’s capacity to pledge fidelity” (Erikson, 1950, p. 262). While these cliques are clannish, they provide adolescents with some security and are a defense against a sense of role confusion. Role confusion is according to Engler (2005), "The inability to conceive of oneself as a productive member of one's own society" (Engler, 2005, p. 158). This inability can be a great danger. Because of role confusion, adolescents will often over identify with the heroes of the cliques and crowds (Erikson, 1950). In neighborhoods plagued with violence these people are many times the rappers, gang leaders, drug dealers or henchmen who glorify and perpetrate violent acts.

In the past 20 years, psychological development in adolescents has been conceptualized in more interdisciplinary and transactional models (Compas, Hinden, & Gerhardt, 1995). Models that explore the relationship between the developing child and her environment have acknowledged that humans develop in relation to their family and home, school, community and society not in isolation of these influences (Bronfenbrenner, 2004; Bronfenbrenner & Ceci, 1994). The ecology of human development includes biological, psychological, interpersonal, cultural, historical and

institutional factors. In this multi-level model, no one factor acts alone or is the prime motivator for behavior (Lerner & Galambos, 1998).

Bronfenbrenner's Ecological Systems theory focuses on the quality and context of the child's environment (Paquette & Ryan, 2001). Recently, there has also been a focus on biology as a primary environment in development (Compas, Hinden, & Gerhardt, 1995). The interaction between a child's maturing biology, his/her immediate family/community environment and societal influences shapes his/her development. Changes or conflict in any one layer will ripple throughout other layers (Bronfenbrenner, 2004). When there is conflict or violence in the child's social environment, it effects their development (Bronfenbrenner & Ceci, 1994). This theory supports and gives reason for the impact of increased stress and anxiety on adolescent development. The environment, community or society in which the adolescent is living helps to determine what kind of an emerging adult the young person will be. Also, what those in the adolescent's environment think about the young person helps to determine what the adolescent thinks about himself.

Erikson's and Bronfenbrenner's theories as well as trauma theory provides a framework for how environmental factors and the labels and images they project on youth influence the evolution of adolescents' identity and their exploration and adoption of specific images. The social environment sometimes sets the young person up for choosing negative identities, for example, by labeling young African-Americans, particular males, as criminal, hostile and careless. Speaking of African-American boys in American society, Stevenson (2003) said:

You are assumed to be hostile and you are assumed to be careless. You

are followed as often as you are left alone. You want what everybody else wants but it feels as if the world looks upon you as if you want it with malice... Peace from the hunting comes too often as you give up, stop running and face every attacker with such ferocity, that you agree to die in a blaze of glory (Stevenson, 2003, p. 3).

African-American girl's are labeled just as bad:

The socio-historical frameworks of race, class, sexual orientation, and gender embedded within sexual images highlight the distinctive identity processes unique to African American women...Remnants of the promiscuous Jezebel, the asexual Mammy, the emasculating Matriarch, the disagreeable Sapphire, and the breeding Welfare Mother images remain, as exemplified by the similar, yet more sexually explicit images of the Diva, the Gold Digger, the Freak, the Dyke, the Gangster Bitch, the Sister Savior, the Earth Mother, and the Baby Mama sexual images (Stephens & Few, 2007, pp. 251-252).

In *Code of the Streets* (1999), Anderson asserts that children go through a period of dilemma, similar to Erikson's crisis, when they have to choose between being "decent" and being "street". The decent child has no "street credibility" and is therefore often victimized. Parents and other adults who were able to protect them in the past are no longer able to buffer them from the harsh realities of their communities. They must learn the code of the streets in order to protect themselves and to gain esteem (Anderson, 1999).

The young person is encouraged to be familiar with the rules of the game

...or else feel left out, become marginalized, and, ultimately, risk being rolled on. So the young person is inclined to enact his own particular role, to show his familiarity with the game, and more specifically his street knowledge, so as to gain points with others...Acceptance by the “in crowd” may be too attractive to let pass. In time the decent group may gradually lose its hold on or attraction for the kid. With the taste of the street and social acceptance may come higher self-esteem (Anderson, 1999, pp. 99-101).

The continuation of violent and aggressive behavior by the youth in the “in crowd” is often necessary as new groups develop and new kids move in. The young person in the gang must constantly prove their loyalty as well as their worthiness for inclusion in the group. They must believe and make others believe they have the ability to cope with their environment, defend themselves and take care of themselves.

The Impact of Media on Identity Development for Black Youth

While this research did not examine levels of exposure to media violence and its impact on adolescent development, it is important to note that media does contribute to behavior and self image. The typical adolescent views 2 – 4 hours of television per day and Black youth view nearly 6 hours of television per day (www.kff.org). They have seen over 100,000 acts of violence on TV (Anderson et al., 2003; Martin 2008). Adolescents are bombarded with violent images in the media. This exposure comes in the form of television, movies, comics, cartoons, video games and music. There is significant evidence that exposure to media violence increases the likelihood of violent and aggressive behavior (Anderson et al., 2003; Slater, Henry, Swaim, & Anderson, 2003). The experience of passively viewing violent or negative media images or actively playing

media games has an immense impact for adolescent identity development (Huntemann & Morgan, 2001). These experiences contribute to the development of values, beliefs and expectations which impact on adolescents' sense of self and well-being (Huntemann & Morgan, 2001; Martin, 2008). For Black youth, media's impact on identity development is further compounded because of the lack of characters that resemble them and by the overwhelming negativity roles of those that do (Huntemann & Morgan, 2001; Martin, 2008; Ward, 2004).

Because of the lack of representation and the negative portrayals of Black people in the media, Black children who watch more TV, movies, and listen to more music have lower self concepts and greater feelings of alienation than those who watch less or than their white counterparts (Huntemann & Morgan, 2001; Ward, 2004). The lack of representation has as negative an impact as the negative images. In media, those not represented do not exist. The lack of Black images and characters signifies to youth the lack of importance of their ethnic group and therefore themselves to the larger society (Huntemann & Morgan, 2001; Martin, 2008; Ward, 2004).

The media in which they are extremely visible is in rap music. Anderson' (1999) street code is evident in lyrics. Respect, material wealth, violent retaliation and social reputation are repeatedly mentioned in rap music (Kubrin, 2005). When describing themselves, rappers often use terms such as hustlers, gangsters, thugs, soldiers and outlaws. Because of the volume of these images, as well as the lack of contrasting images in other forms of media, society and the youth begin to believe that this is a true representation of who they are or who they are to become.

While young people may accept or reject the media images with which they are presented, they cannot avoid them nor their impact on how they are viewed by others. Evidence suggests that Black children may believe in the reality of what they see and hear in mass media more than other groups of children (Anderson, 2003; Ward, 2004). While the media rarely creates stereotypical images (most have historical roots), “the media play a significant role in repeating, normalizing and perpetuating many negative images of specific groups, and this can have crucial implications for how minority children view themselves” (Huntemann & Morgan, 2001, p. 316).

Conclusion

In the United States, youth are entering adolescence as early as age 8 (Bellis et al., 2006; Irwin, 2005). Erikson’s Theory of Identity Development and Bronfenbrenner’s Ecological Systems Theory provide a frame for understanding this period of development within the context of the youth’s environment. The adolescent period which is typically one of change and confusion is exasperated by the increasing violence in their communities. This violence exposes the adolescent to complex psychological trauma that paralyzes ego functions, results in a state of helplessness, and interferes in identity development.

For urban, Black adolescents, the trauma of violence exposure is often a part of everyday living and is a significant part of their exposure to mass media. “Of all the problems besetting the poor, inner-city black community, none is more pressing than that of interpersonal violence and aggression” (Anderson, 1999, p. 32). This exposure to community violence, even as witnesses, has been linked to a number of internalized

symptoms such as PTSD symptomatology (Fitzpatrick & Boldizar, 1993), cognitive delays (Osofsky et al., 1993), heightened anxiety and depression (Acosta et al., 2001). It has also been linked to externalized symptoms including experimentation with drugs and alcohol, carrying weapons and other antisocial behaviors (Cooley-Quille, et al., 2001). These behaviors are often misdiagnosed as other behavior disorders and the trauma to which they are exposed goes unaddressed (Cheng & Myers, 2005).

Social workers must develop intervention strategies to decrease adolescent violence exposure and the impact of exposure to violence on adolescents. The next chapter will provide a conceptual frame for the use of edutainment as an intervention with Black adolescents exposed to community violence.

Chapter 2 -Intervention

Educational Entertainment (Edutainment) as an Intervention

There are few empirically based treatments for youth exposed to community violence. Those that have been successful are long-term and most have significant time and monetary costs. As stated earlier, the intervention explored in this study is the use of edutainment. Edutainment uses theatre and other media to give educational messages in an entertaining format. Researchers have explored this type of intervention for varying issues and all assert that drama can serve to educate and stimulate social and moral development (Belliveau, 2004, 2005; Bouchard, 2002; Edmiston, 2000). Viewing and discussing dramatic presentations can increase sensitivity towards issues and allow critical reflection on what individuals are witnessing or experiencing (Belliveau, 2005). “What is more, the process of drama encourages/allows participants to shift positions, which invites multiple perspectives and points of view to be represented. The dramatic role playing process allows participants to experience vicariously that which the other may be living through” (Belliveau, 2005, p.139).

The use of edutainment is one intervention in young peoples’ lives that has been successful and is cost effective. The use of live theatre or dramatic arts in particular has a long history as a means to educate the public, foster social change or influence the knowledge and behaviors of targeted populations (Glik, Nowak, Valente, Sapsis, & Martin, 2002). Unlike pure entertainment, edutainment seeks to bring about “functional” learning, that is, learning that relates in some practical, applied way to the audience members’ lives (O’dea, 1993).

Similar to performances designed only for entertainment purposes,

education entertainment programs use performing and dramatic arts to engage the attention, interest, and curiosity of audience members. Education entertainment involves presentations that purposely seek to explain, demonstrate, define, and/or compare consequences of different life choices-elements that are unintentional or absent when the goal is pure entertainment (Glik et al., 2002, p. 40).

This method of education and influencing behavior has been successful with the adolescent population generally and with minorities in particular. Stephenson and Iannone (2006) used an interactive play to teach middle school students the dangers of using drugs and alcohol. They followed up with the students 3 to 8 months after exposure to the intervention. They reported that most of the students remembered the characters and showed excellent comprehension and retention of the lessons about the dangers of using drugs and alcohol (Stephenson & Ioannone, 2006).

Edutainment formats have also been a successful approach in reducing bullying behaviors in sixth grade students. Using a quasi-experimental design, a random sample of 913 sixth grade students was surveyed (450 students prior to exposure to an anti-bullying play and 473 different students after exposure to the play and production activities). The researchers used different students because they felt validity would be diminished if students took the survey twice within a two-hour time frame. Belliveau (2005) found that viewing the play increased awareness of bullying behaviors (a 26% increase) and increased (from 34% in pre-test to 81% in post-test) the thought that others can help victims of bullying. Participants often mentioned “how the process was so enjoyable that they were forgetting they were actually learning” (Belliveau, 2005, p.156).

Another use of this format that was successful was teaching HIV prevention to young people ages 14 -24. Using both qualitative and quantitative methods, Glik and colleagues (2002) studied the effectiveness of edutainment on educating and influencing young people about HIV/AIDS and other sexually transmitted diseases. In a quasi-experimental designed study, 74 adults and 196 teens participated in a two-questionnaire survey with a 90% return rate. Twenty-five adults and 25 teens were selected for intensive telephone interviews and 21 adults and 13 teens responded. Glik and colleagues (2002) found that participants valued live edutainment interventions and found it to be an attractive alternative for teaching youth about protective health behaviors.

Additionally, edutainment has been used to increase African-American participation in Alzheimer disease research. Using a quasi-experimental design, Fritsch, Adams, Redd, Sias, and Herrup, (2006) surveyed audiences before and some after seeing a play about Alzheimer disease. The survey results indicated that viewing the play increased knowledge about the symptoms of the disease as well as facts about the prevalence of the disease. They also found that participants were more knowledgeable about the need for research and would participate or recommend others to participate in such research.

In a qualitative study, Lee and Finney used popular theatre with ten participants over a five month period to “investigate racialized minority girls’ processes of identity formation and experiences of exclusion and belonging in predominantly white, urban Victoria, B.C., Canada” (Lee & Finney, 2004, p. 99). They found the use of popular theatre to be an effective method to use in examining girls identity development and to give them an avenue and a voice to explore different positions, develop peer supports,

articulate their cultural knowledge and emerging critical consciousness (Lee & Finney, 2004).

Wright, John, Alaggia and Sheel, (2006), in a quasi-experimental designed longitudinal study, evaluated community-based arts programs in five community center sites across Canada. Their study focused on youth between the ages of 9-15 years (n=183). Their subjects participated in a 9-month arts program that focused on theatre as well as visual and media arts. They “reported an increase in the youth’s confidence and self esteem, improved interpersonal skills, positive peer interaction, increased independence, improved conflict resolution and problem solving skills, and skill acquisition in art activities” (p.650).

While this type of intervention has shown some success with these other issues, to my knowledge, it is untested in this format within the specific context of witnessing violence and violence prevention. However, the Center for Disease Control published a report of best practices for youth violence prevention programs and most of the components identified are incorporated in edutainment presentations. The relevant best practices included (1) an increase in knowledge and awareness, (2) role playing and small group exercises, (3) opportunities to practice and receive feedback, and (4) active participation in story based or narrative learning (Thorton et al., 2002).

The play that was used as the intervention in this study was *Journey of a Gun* by Gail Leslie (2002). In the play, *Journey of a Gun*, a straw purchase is made and a gun begins its journey. The play tracks that gun through multiple hands and multiple crimes. Several characters have tough choices to make and the play shows the consequences of those choices. The characters in the play are neighborhood school children, young people

who have died by violence and youth who are living in the midst of violent situations.

One of the lines in the play, spoken by a middle school student, that always gets reactions is, “Oh well, people get shot everyday.” This play is their reality.

In discussions following the show the audience members indicate that this is their reality, also. The youth audience is quick to respond to questions about what they should do in various situations. They obviously know the answers the adults in the audience want to hear and seem to revel in the praise they get as they give those answers.

However, listening to the murmurs as they exit the theatre, it is apparent that the older adolescents and those who have more exposure to violence, view these correct responses as impractical and unrealistic and that they feel the adults are out of touch with the issues of today. Since research shows that youth self-efficacy is impacted by what the caregivers in their lives believe about their ability to be successful, it is important that youth feel that their caregivers are realistic in their understanding of the challenges they face. If the adults are unrealistic about the challenges they face then the youth cannot feel confident in caregiver’s ability to protect them or in how caregivers prepare them to protect themselves. Without this confidence, it is difficult to develop self-efficacy (Unger, 2004).

Developing Self-Efficacy with Edutainment

Bandura’s theory says that peoples’ belief about their efficacy can be developed by 4 sources of influence:

1. Mastery experiences – The more success one experiences in a task, the more confidence they will have in their ability to be successful;
2. Vicarious experiences - Watching others like oneself experience success increases belief that they too can be successful;

3. Social persuasion - Knowing that others believe in one's success decreases self doubt and promotes development of skill; and
4. Increase Positive Mood - Emotional states impact on self-efficacy. Positive moods increase efficacy and negative moods decrease it (Bandura, 1994).

One intervention that can be used to develop self-efficacy is edutainment - using theatre and other media to give educational messages in an entertaining format. Edutainment followed by group discussion offers one through three of Bandura's four sources of influence on self-efficacy.

One commonality of all previous studies mentioned is group discussion following the presentations. The discussion gives the audience participants an opportunity to relate what they have seen in the presentation to what they have seen in their own lives, to discuss the feelings the presentation evoked, to gain an understanding of their feelings and to practice skills they may have witnessed and learned through the presentation.

The casts of the dramatic presentations are made up of people who look like the audience. In *Journey of a Gun*, the cast was made up of area school children, many of whom lived in the same neighborhoods as the audience. They played on the same basketball courts and walked the same avenues. The audience was able to see young people who are their peers making positive choices and experiencing success in those choices. The discussion following the show though facilitated by a social worker was held between the audience and the cast. This discussion allowed the audience members to hear how the choices the cast had made had influenced their outcomes. They were also able to hear how the cast had dealt with difficulties and conflicts. One cast member tells a

story of a friend who was dating a drug dealer. Both her friend and the boyfriend were killed in a deal gone bad. She talks about how she was supposed to be with them the night they were killed but when she realized where they were going and what her friend's boyfriend was doing, she chose to go home instead. The audience and the cast can role play excuses youth can give to get out of situations without looking afraid. While some in the audience may feel the suggested resolutions are unrealistic, they are still able to vicariously experience these threatening situations and learn strategies that worked for others. The audience hears information about coping strategies and ways to stay safe believably presented by their peers. The more they see and hear about success for others using these methods the more this vicarious experience can then influence the choices and behaviors they may make and exhibit in similar situations.

Another area that can influence the self-efficacy of adolescents that edutainment addresses is mastery experiences. "Guided mastery instills both a resilient sense of coping efficacy and thought control efficacy. A strong sense of efficacy that one can cope with social threats make it easier to dismiss perturbing thoughts that intrude" (Benight & Bandura, 2004, p. 1142). By role playing what may happen and experiencing success in the role plays, youths' levels of confidence to cope with threats is increased. With increased confidence, they can increase the control over thoughts about what can happen. This thought control can increase their coping efficacy. To the extent that youth can exercise control over what they think, they can regulate how they feel and behave (Caprara, Regalia, & Bandura, 2002). "Perceived thought control efficacy and coping efficacy reduced perceived vulnerability, anxiety, arousal and avoidant patterns of behavior" (Benight & Bandura, 2004, p 1142).

Working with adolescents to increase their levels of self-efficacy in avoiding violent situations and supporting their protective factors is key in reducing violence and violence victimization. Social Workers and researchers must identify protective factors, build on resiliency factors and limit risk factors in adolescents so that children and youth are more likely to choose productive ways of resolving conflicts and avoiding violence.

Challenges to Edutainment as an Intervention

Among the challenges facing edutainment is, while there have been many studies using this type of intervention in developing countries, there are limited studies that have been done in the United States and in Europe and the results are not consistently positive. One study on HIV/AIDS awareness found that the performance did not influence participants' knowledge or beliefs about HIV/AIDS, but did influence their tolerance towards people infected with the disease (Glik et al., 2002). There is concern that the audience gets caught in the story and therefore misses some of the key elements.

The ability to evaluate the intervention is also a challenge. It is hard to pinpoint the educational-entertainment as the mutative factor in promoting change. It is hard to measure long-term effects because of the impact of complementary as well as competing messages, peer norms, peers' willingness to discuss an issue, and the receipt of precedent and antecedent information (Glik et al., 2002).

Other Interventions with Youth Exposed to Community Violence

Other interventions with adolescents exposed to community violence that have been evaluated are focused on schools and classroom curriculum. For example, the Mental Health Intervention was evaluated based on a randomized controlled trial. The trial was conducted during the 2001- 2002 academic year with sixth grade students at two

large middle schools in Los Angeles. Students were randomly assigned to a ten session standardized cognitive behavioral therapy early intervention group led by trained school-based mental health clinicians or to a wait list intervention comparison group. Students were assessed for PTSD symptoms as well as for depression. Compared to the wait-listed group, after 3 months, the intervention students showed significantly lower scores of PTSD symptoms and depression (Stein et al., 2003). In order to continue this intervention additional school staff would be needed as well as a plan to accommodate the time from academic classes for participants.

Another intervention evaluated was the Fast Track Project. This intervention was evaluated by Farrell and Flannery (2006) employed randomized clinical trials in 54 schools over a two-year period. The schools were matched and randomly assigned to either an intervention or no intervention condition. Teachers identified and referred students who were highly aggressive to participate in groups. The parents also participated in groups. The program extends from 1st through 10th grade. Lessons address emotional recognition and understanding, friendship skills, self control and social problem solving skills. Those who participated showed a decrease in aggression scores and lower hyperactive disruptive behaviors, but there were no significant effects on pro-social behaviors (Farrell & Flannery, 2005). This intervention involves the hiring of additional personnel or specialized training for current staff. This intervention also has a curriculum which spans two years. It also relies on the assessment skills of student's current teachers for referral.

Responding in Peaceful and Positive Ways is a third intervention reviewed which was time consuming and involved specialized training for staff. This intervention was

also evaluated with an experimental design in 3 urban middle schools. In this intervention, students in grades six through eight participated in a 12 – 25 session curriculum teaching violence prevention, conflict resolution and anger management. The curriculum was based on a health promotion model which emphasized the development of social cognitive skills. Initially, students showed lower disciplinary violations but did not show any difference on social cognitive measures when compared to students who did not participate in the program (Farrell & Flannery, 2006).

While these interventions have shown some success, they are time consuming, labor intensive and the effects are positively correlated to the instructor's degree of experience (Farrell & Flannery, 2006). There is also a significant cost associated with staff training.

Conclusion

There are limited empirically tested interventions for adolescents exposed to community violence. While they show some success, interventions that are commonly used are costly because of staff training and the time span for implementation. The success of these interventions is also positively correlated to the experience of the presenter.

Edutainment is an intervention that has been successful in educating and influencing the behavior of adolescents and of minorities. Edutainment formats help to develop coping strategies and to increase violence avoidance self-efficacy. This study used the edutainment presentation of *Journey of a Gun* by Freedom Theatre as an intervention with adolescents exposed to community violence. The next chapter will discuss how the effectiveness of this intervention was tested.

Chapter 3- Research Design and Methods

Hypothesis

This study explored and measured the effectiveness of edutainment with adolescents exposed to community violence. The literature on adolescent exposure to violence and edutainment as an intervention suggested the following two testable hypotheses:

1. Edutainment followed by group discussion about issues related to violence is more effective than group discussion about issues related to violence alone or no intervention in increasing violence avoidance self-efficacy and levels of active coping strategies and decreasing stress and anxiety levels in adolescents exposed to community violence.
2. The effect of edutainment/group discussion about gun violence/no intervention on stress, anxiety and coping strategies is mediated by violence avoidance self-efficacy.

Research Design and Intervention

This topic was researched using a quasi-experimental design in which community centers were assigned to participate in either the edutainment or group discussion interventions or to be the control group receiving no intervention. The goal was to have 30 participants from each community center. In the final sample used for analysis the edutainment intervention had 20 participants, the group discussion intervention had 19 participants and the control group had 21 participants for a total of 60 subjects.

Those who participated in the edutainment took the pre-test, attended an edutainment presentation followed by group discussion focusing on issues related to

violence and violence prevention and took the post-test 9 days later. Those who participated in the group discussion took the pre-test, participated in one group discussion session focusing on issues related to violence and violence prevention and took the post-test 9 days later. The Control group took the pre-test and 9 days later took the post test with no study intervention. The groups were comparable in regards to age and gender.

Freedom Theatre provided free admission to see the edutainment presentation of *Journey of a Gun* to the community centers used in the study. As stated earlier, *Journey of a Gun* is an original play by Gail Leslie performed at Freedom Theater in Philadelphia. The play tracks a gun through multiple hands and multiple crimes. The characters in the play are neighborhood school children, young people who have died by violence and youth who are living in the midst of violent situations. The focus of the play is on choices about violence, guns and conflict resolution. The cast and the audience were in the same peer age group and some cast members attended the same schools and community centers as the audience members. Following the show, discussions were held between the cast members and the audience.

As centers made reservations, they were notified of the study by the Freedom Theatre Facilities Director and given an opportunity to participate. Those centers which agreed were given a letter to distribute to families which came to their facilities explaining the study (Attachment A). This letter also announced a day and time that the researcher was at the center, available to answer any questions and to discuss in detail the research study. In the event that parents were unavailable, a phone number was also included on this letter.

Because of the constraints on Freedom Theatre's budget and time limitations of the study, there was only one show performed after the distribution of the study information. Only one center attending the show agreed to participate in the study and it was therefore identified as the one to receive the edutainment intervention.

Parental permission slips were completed for each child to attend the play. This permission slip included informed consent information and a signature giving permission for participation in this study (Attachment B). Assent forms (Attachment C) were completed at the community centers for participants with parental permission. While centers which received tickets for this show have various population sizes, most would bring 30 to 40 youth to view the presentation. The center used for the edutainment intervention brought 25 participants to see the show of which 22 (88 %) had parental consent to participate in the study. No information or data were collected on reasons for those who did not have parental permission. The centers used for the group discussion and the control group had a 100% return rate for parental consent forms.

In order to assist with reducing refusal and attrition rates, incentives were given to subjects participating in and completing the study. Movie passes were used for incentives. The movie passes were distributed upon completion of the post-test. If a participant decided to withdraw from the study before the study was over, there was no compensation.

As stated earlier, more than one center was used for this study but the populations served have similar characteristics. Three studies with similar populations had between 88% and 92% participation rates (Glik et al., 2002, 90%; Cooley-Quille et al., 2001, 92%; and Weist et al., 2002, 88%) so the anticipated refusal rate for this study was 10%. The

actual refusal rate was slightly over 4%. There were 8 participants (11.7%) who did not complete the study. Of those that did not complete, 3 said they had other obligations and did not have time to complete the forms, 1 was suspended from the program because of behavior and there was no contact with the other 4. They did not return to the community centers and did not return phone calls.

Questionnaires were given at the community centers. The subjects in both the edutainment and group discussion completed pre-tests prior to any intervention.

The group discussion facilitator also served as a data collector and participated in training on completion of all questionnaires used as well as group discussion facilitation. In the training, the facilitator received copies of the scales as well as information manuals about the scales. Although the scales used are self-report measures, the data collector needed to be knowledgeable enough to answer any questions that may have arisen. We went through each scale and discussed each question. The reason for the study was also discussed. Training included information about procedures for maintaining confidentiality.

Setting

Freedom Theatre has been a part of the Philadelphia community since 1966. “Rooted in the African-American tradition, Freedom Theatre (Freedom) is an institution dedicated to achieving artistic excellence in professional theatre and performing arts training for the enrichment of our community” (www.Freedomtheatre.org). Among Freedom’s core values are its commitment to youth and children and the integration of life skills with performance training. They are committed to developing physically and emotionally healthy youth who make informed decisions about their futures. A testament

to this commitment is that 98% of Freedom's performing arts training program students complete high school and 85% go on to higher education.

According to Gail Leslie, Freedom Theater Facilities Director and *Journey of a Gun* playwright, Freedom began its edutainment presentations in the 1980's with the youth production *Under Pressure* (Leslie, personal communication, 2008). *Under Pressure* presented contemporary life issues, the decision and choices that youth were making about sex, education, life and death and ended by encouraging the youth in the audience to ask the adults in their lives, "Can we talk?". Freedom's faculty and staff work with social workers, educators and youth to pick relevant themes when writing scripts.

In 1988, Freedom was preparing to do a youth show called *Hopscotch, Frogs, Dogs, and Bobby Brown* which focuses on good times at school. The students felt it wasn't real and they didn't want to do it. The students said school wasn't fun and they were often scared to go to school. Freedom decided not to do that show and to develop a new, more relevant script. They asked all the students to write statements about their lives to include in the discussion while developing the script. They learned that all of the students either knew someone or had a relative who had been shot or killed by gunfire. From this discussion, the play *People Over Weapons (P.O.W!)* was developed. *P.O.W!* was the inspiration for *Journey of a Gun*. *Journey of a Gun* first ran in 2002, when Freedom was awarded a contract by the Philadelphia Department of Human Service. It ran in 2007 and 2008 with free admission to community centers from the 12th and 25th police districts (Leslie, Personal communication, 2008).

The 12th and 25th police districts have the highest violent crime rates in the city of Philadelphia. Almost one in every 3 people in these districts is a victim of a violent crime

(Baseden & Duchneskie, 2008). In these districts, resources for after school activities are limited. Centers often provide out of school time activities and programs for school age children, teens, and families.

The centers used in this study are often the one place where neighborhood children and teens find recreation, companionship and safety from their neighborhood streets. All three centers offer after school programs, summer camps, sports, performing arts, arts and crafts, homework assistance, tutoring, cultural trips, and computer labs. They also provide lunch and snacks. The centers have staff members trained in youth development and education who serve as positive role models and mentors. These centers also serve as the hub for community development activities and offer classes for parents as well as for the youth. The centers serve as a protective factor for the youth involved because they provide positive bonding, engagement and help to establish and support communal values.

As stated earlier, only one center was recruited by Freedom Theatre from audience reservations. The other two centers were recruited through word of mouth communications. Calls were made to ten community centers within the police districts with the highest crime statistics in Philadelphia. Of those called, four expressed an interest in participating and visits were scheduled for further explanation of the study. Presentations were made to the advisory boards of the centers. All centers expressed interest in participating and assigned a liaison to assist with recruitment of participants and collection of consent forms. Two of the liaisons suggested a table be set up at the entrance of the centers to reach parents as they picked up and dropped off children and to talk to young people at the centers about the study. In communities where there are high

crime rates, trust of strangers is minimal. While the importance of having a familiar face be a part of the recruitment process was explained, the liaisons at these two centers were unable or unwilling to assist in this process beyond setting up a table for distribution of information. This strategy did not yield sufficient participation to be used for the study. The other two liaisons took responsibility for distributing the consent forms and information to parents and participants. One liaison had been at the center for over 30 years and knew which families would return the forms immediately and which she would have to call. One center offered a pizza party for participants who completed all elements of the study. When forms were completed, these liaisons, scheduled the sessions, reserved space and had the young people gathered for the completion of all scales and group discussions. The liaison for the center which received the edutainment intervention used similar strategies for participant recruitment and scale completion.

The center that received edutainment is operated by a nationally based community organization and is located in the 1st Police District. The center that received the group discussion is operated by the Philadelphia School Board and a community board of leaders and is located in the 23rd Police District. The group that received no intervention is operated by the Philadelphia Department of Recreation and is located in the 18th Police District. As in the city of Philadelphia, crime exposure in these three neighborhoods is high. There are 25 police districts in Philadelphia. According to the Philadelphia police department statistics, in 2007, these three districts experienced between 1284 and 2494 violent crimes per 100,000 residents (Philadelphia Police Research and Planning Unit, 2007). In 2007, Philadelphia had a total of 33,482 violent crimes per 100,000 residents (Baseden & Duchneskie, 2008).

Interventions

Edutainment: The subjects who received the edutainment completed pre-test questionnaires and attended the presentation of *Journey of a Gun* by Freedom Theatre followed by group discussion about issues related to violence and violence prevention. The play ran for one hour and was followed by a 20 - 30 minute facilitated discussion between the audience members and the cast of the play. There was a study trained, Master's level Social Worker to facilitate discussion of topics raised in the play. A fidelity checklist was completed, by the investigator, during the discussion to ensure the discussion followed the study format and agenda (attachment D). The discussion that took place after the edutainment show was part of the presentation. Because of this, it was not possible to have a group who just saw the show with no discussion. Nine days following the presentation and discussion, these subjects completed the post-tests questionnaires.

Group Discussion: The subjects who participated in group discussion completed pre-test questionnaires and had one session focusing on issues related to violence and violence prevention facilitated by the same Social Worker who facilitated the discussion following the play and co-facilitated by a center identified youth peer leader. Group discussions are often used at the community centers to discuss issues that impact the center community. They are used to give information, receive feedback and process emotional events. As was anticipated subjects had participated in group sessions before and were accustomed to the format. The same format and agenda was used for this group session as was used for the discussion following the play *Journey of a Gun* (Attachment

D). The investigator completed a fidelity checklist during the discussion. Nine days after completion of the discussion, these subjects completed the post-tests.

Control group: The control group completed pre and post-tests 9 days apart without any intervention.

Sample

Participants were adolescents (9 – 15 year olds) enrolled at the community centers which agreed to participate in the study. These participants met the following inclusion and exclusion criteria:

Inclusion and Exclusion Criteria

- Age – (8-16 years old as of their last birthday)
- Black
- Completed parental consent form
- Completed child assent form
- Philadelphia resident
- Self reported prior participation in educational entertainment programs about violence/violence prevention were excluded.
- Additionally, Freedom Theatre staff and their children are excluded from participation.

Measures

A questionnaire was developed which included the following measures:

Violence Exposure: Exposure to violence was measured using the 35-item Kid-Screen for Adolescent Violence Exposure (Kid-SAVE) (Attachment E). This was to be used as a control variable for violence exposure. This scale was given during the pre-test

phase. Flowers, Hastings, and Kelley (2000) revised the original Screen for Adolescent Violence Exposure (SAVE) to create the Kid-SAVE. The original SAVE instrument was designed for children between the ages of 12 and 19. KID-SAVE, written on a 4th grade level, was designed for youth in grades between 3rd and 7th. Youth in these grades are typically between the ages of 8 and 13. It uses a combination of words and cartoons to assist youth in identifying appropriate responses. Another difference between the SAVE and the KID-SAVE is the number of response choices was reduced from 5 to 3, to increase simplicity. While the study population went to age 15, the items on the KID-SAVE and the SAVE are the same. The major differences in the scales are the inclusion of cartoons and reduced response choices. Because of the similarities of the two scales, the KID-SAVE was thought to be both understandable and appropriate for the entire population. The questionnaire is divided into 2 parts measuring frequency of exposure and impact of exposure.

The construct validity for this instrument was explored by correlating the KID-SAVE with the Trauma Symptoms Checklist for Children (TSC-C). “The TSC-C total scores and five subscale scores were correlated with KID-SAVE Frequency score. The correlations ranged from $r = .20$ ($p < .05$) to $r = .54$ ($p < .001$) and all coefficients were significant” (Flowers et al., 2000, p. 101). The same was found comparing the Impact scores with the TSC-C with the range being $r = .17$ ($p < .05$) to $r = .43$ ($p < .001$) (Flowers et al., 2000).

The reliability for this instrument for the present study was calculated for frequency of violence exposure and impact of violence exposure with the following Cronbach alpha scores:

Frequency of exposure = .91

Impact of exposure = .93

Anxiety: Anxiety was assessed using the Spence Children's Anxiety Scale (SCAS). (Attachment F) The SCAS has six subscales of which one was used measuring generalized anxiety/overanxious disorder. The six items in this subscale as well as the six filler items were used. This self-report measure has been significantly correlated with the Revised Children's Manifest Anxiety Scale ($r = .71$). The SCAS has satisfactory test-retest reliability ($r = .56$, $N = 344$) (Spence, 1998) and internal consistency ($\alpha = .77$, $N = 1011$) (Muris, Schmidt, & Merchelbach, 2000). It has been used with youth between the ages of 7 – 19 years. Cronbach's alpha for the present study was .54.

Stress: Stress is described as an "imbalance between the subjects' perceptions of demands and perceptions of capabilities available to meet those demands" (Dise-Lewis, 1988). Stress levels were assessed using the Multicultural Events Schedule for Adolescents (MESA) (Attachment G). This instrument has good reliability and validity ($r = .71$, $N = 105$) with measuring stress in adolescents. There are eight subscales in this measure of which Peer Hassles and Conflict and Violence/Personal Victimization were used in the present study (Program for Prevention Research, 1996). Chronbach's alpha for the present study was .80.

Coping: To determine how well the youth cope with the stressors, the Children's Coping Strategies Checklist was used (Attachment H). This self report inventory in which children describe their coping strategies was tested with children ages 8 – 15 following parents divorce ($N = 65$) and in another test with children ages 8 – 13 ($N = 247$). It had

good test-retest reliability ($r = .75$) and internal consistency ($\alpha = .78$) (Program for Prevention Research, 1999). Chronbach's alpha for the present study was .96.

Violence avoidance self-efficacy: The scale that was used was developed based on items from the Kid-SAVE violence exposure scale discussed above. It is called the Penn Violence Avoidance Self-Efficacy Scale (Penn Vases) (Attachment I). Four experts in measurement and/or adolescent development reviewed the scale. Changes were made based on their observations. The version that was used is the fourth iteration of the scale. Prior to this study, it was tested on 13 adolescents, ages 8 -16 and their responses positively correlated with their responses on the KID-SAVE. In the present study, the Penn Vases scale had good internal consistent (Chronbach's alpha = .91) and outcomes significantly correlated with the Kid-SAVE ($r = .28, p = .046$).

Analysis

This study compared the effectiveness of edutainment followed by group discussion as an intervention for exposure to community violence versus group discussion alone or no intervention. Because this study employed a quasi-experimental design, it was necessary to establish the groups were comparable. Univariate descriptive statistics as well as ANOVA were conducted to establish comparability of the groups in terms of age, gender, levels of violence exposure and impact of the exposure. Next, ANOVA was conducted to establish a baseline for levels of stress, anxiety, and coping strategies as well as the levels of violence avoidance self-efficacy felt by participants. Because there were no significant differences noted in baseline measures or descriptive statistics, the groups were found to be comparable.

To test the first hypothesis, an ANOVA was conducted to determine differences in

outcomes for stress, anxiety, coping strategies and violence avoidance self-efficacy. ANOVA was also used to measure the time of effect of both interventions and no intervention on outcome measures. To test the second hypothesis, a series of multiple regressions were conducted to assess the mediator effects of violence avoidance self-efficacy on outcomes of stress, anxiety and coping strategies.

While there are many factors that may contribute to stress and anxiety levels, the skills learned through interventions as well as discussion of the topics in the group discussion were expected to increase violence avoidance self-efficacy and active coping strategies and thereby reduce the levels of stress and anxiety related to violence exposure. A difference was anticipated, as demonstrated on post test, between the two experimental groups' and the control group's levels of stress and anxiety with the participants in the edutainment intervention showing the most significant difference. There was also an expectation of change in the levels of violence avoidance self-efficacy with the edutainment participants showing higher levels of self-efficacy than the other groups. Finally, results were expected to demonstrate an increase in the active coping strategies for the participants in edutainment and group discussion interventions.

Human Subjects

Parents of study participants completed consent forms and participants completed assent forms. Recruitment was done at the centers in cooperation with the center's staff. The centers gave letters of introduction along with information about the study to youth enrolled in their programs to give to their parents. While the presentations were scheduled at the community centers, no parents attended. Consent forms were returned without questions. Voluntary participation, as well as confidentiality, was explained to

the youths prior to completion of assent forms. Once consent and assent forms were received, their names were documented on a list and participants were assigned identification numbers. While participation was not anonymous, participants were not identified by name in study analysis or the reporting of results. The study's investigator was responsible for monitoring data collection, ensuring confidentiality procedures were followed and protecting the safety of participants.

The primary risks of participation in this study were increased stress, anxiety and/or depression. None of these conditions occurred nor did any subject express concern or exhibit signs of distress.

Approval from the University of Pennsylvania's IRB was received for the conduct of this study. The approval was obtained prior to beginning study recruitment.

Chapter 4 - Findings

Sample Description

The final sample used for analysis contained 60 Black adolescents between the ages of 9 and 15. The mean age was 12.41. Over half were female (58.33 %), almost two-thirds lived in households without their fathers (63.3 %) and 11.7% lived in households without their mothers. There were 5 (8%) who lived with neither parent, all but one of these 5 were being raised by one or more grandparents. Twenty-five percent lived in multigenerational households with a parent and a grandparent.

Table 1. *Sociodemographics of the sample by intervention*

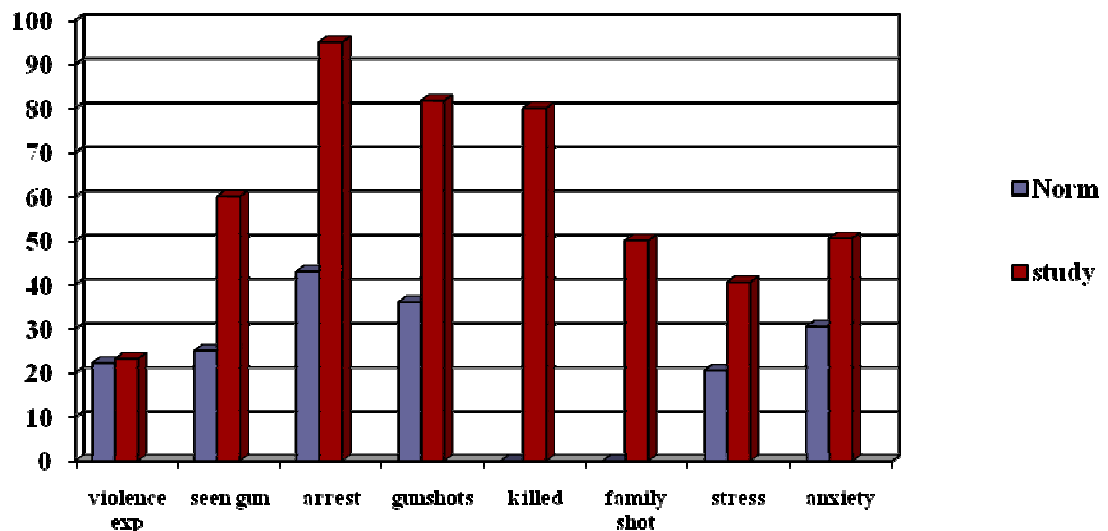
	Edutainment (n = 20)		Group discussion (n = 19)		Control Group (n = 21)		Total Sample (N = 60)		Sig.
	% (n)	M (SD)	% (n)	M (SD)	%	M (SD)	% (n)	M (SD)	p
Female	65 (13)		58 (11)		55 (11)		58 (35)		.725
Ages		12.75 (1.99)		11.89 (1.40)		12.66 (.97)		12.41 (1.54)	.098
Single caregiver	65 (13)		42 (8)		28 (6)		45 (27)		.062
Violence exposure		23.78(13.56)		21.13(10.01)		24.21 (9.32)		23.17 (11.01)	.700
Impact of exposure		25.53(20.10)		19.43(17.18)		24.28 (7.73)		23.18 (15.02)	.480

Because this study employed a quasi-experimental design, the major concern was comparability of participants across the three groups (i.e. those receiving either one of the two interventions and the comparison group). The three groups were compared with regards to age, gender, and caregiver using t-tests and difference of proportions. There were no significant statistical differences in demographics among the three groups (see Table 1).

The groups were also compared on mean scores of the Kid-Save scale which assessed the degree and impact of violence exposure of participants. This scale was piloted on 470 primarily African-American children ranging in age from 7 to 15 years old

from public schools in a high crime neighborhood (Flowers, Hastings, & Kelley, 2000). The demographics were similar between this pilot sample and the sample used for the present investigation. The response rates for violence exposure, however were higher for this sample when compared to the pilot sample (Fig. 1). This present investigation's sample responses for violence exposure ranged from 5 to 41 with one outlier scoring 67. Responses for impact of violence exposure ranged from 1 to 58 with one outlier scoring 70. The mean score for violence exposure for this sample was 23.17 (see Table 2) which was similar to the mean score of 22.2 on the pilot testing of this scale (Flowers, Hastings, & Kelley, 2000). On the KidSave scales, 60% of the sample reported seeing someone carry a gun, 95 % reported having seen the police arrest someone, 81.7 % reported hearing gunshots in their neighborhood, 80 % reported having heard about someone getting killed, and 50% heard about a family member getting shot.

Fig. 1 Comparison of violence exposure for pilot sample as compared to study sample



One-way ANOVA was conducted comparing the baseline measures of violence exposure frequency and impact by the three intervention groups. There were no statistically

significant differences among the intervention groups, thus the three intervention groups are comparable on these characteristics (see Table 2).

Table 2. ANOVA comparing violence exposure frequency and impact by intervention

	Edutainment	Group Discussion	Control	F	Sig.
	M (SD)	M (SD)	M (SD)		
Violence Exposure Frequency	23.78 (13.56)	21.13 (10.01)	24.21 (9.32)	.36	.700
Violence Exposure Impact	25.53 (20.09)	19.44 (9.32)	24.28 (7.73)	.75	.480

Pre-Test Outcome Measures

Self-report scales were used to measure anxiety, stress, coping strategies, violence experience, and violence avoidance self-efficacy. The results of the pre-tests for the three intervention groups were compared using one-way ANOVA (see Figure 2 and Table 3). There were no significant statistical differences in the scores. Consequently, the three groups are comparable on all measured outcomes at baseline.

Figure 2. Comparison of baseline outcome measures

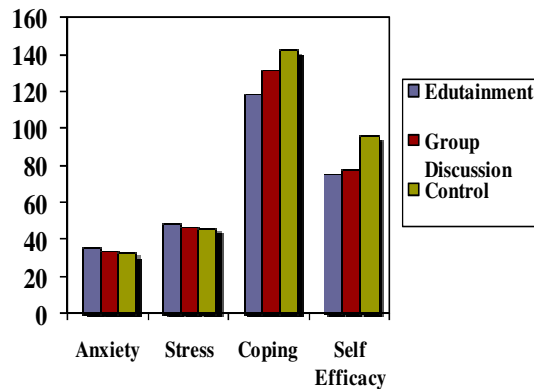


Table 3. ANOVA comparison of baseline outcome measures

	Edutainment	Group Discussion	Control	F	Sig.
	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>		
Anxiety	36.25 (41.18)	34.17 (3.52)	33.20 (5.61)	2.34	.106
Stress	48.68 (5.35)	46.84 (5.43)	46.29 (3.72)	1.18	.315
Coping Strategies	119.26 (30.74)	132.56 (25.93)	143.44 (32.89)	2.99	.060
Self-Efficacy	75.70 (37.82)	78.11 (33.86)	97.00 (26.27)	2.58	.084

Hypothesis 1

The literature on adolescent exposure to violence and edutainment as an intervention suggested the following testable hypothesis: Edutainment followed by group discussion of issues related to violence is more effective than group discussion about issues related to violence alone or no intervention in increasing violence avoidance self-efficacy and levels of active coping strategies and decreasing stress and anxiety levels in adolescents exposed to community violence. An ANOVA was conducted comparing results by intervention for each outcome measure. There were no statistically significant differences in results among interventions and the comparison group except for violence avoidance self-efficacy (see Table 4). There were significant differences in violence avoidance-self efficacy outcome scores among the three groups. Subjects who participated in the edutainment intervention had significantly higher self-efficacy scores than the comparison group which, in turn (and counter-intuitively), had higher than those who participated in group discussion alone. Data also indicate a time effect for edutainment with significantly different pre and post scores for anxiety ($p = .008$), coping strategies (p

= .019) and self-efficacy ($p < .001$) but not for stress ($p = .934$). There is no significant time effect for group discussion or the control group (see Table 4).

Table 4. ANOVA comparison of post-test outcomes by intervention

	Edutainment	Group Discussion	Control	F	Sig.
<u>Between</u>	<u>M (SD)</u>	<u>M (SD)</u>	<u>M (SD)</u>		
Anxiety	32.75 (3.64)	32.11 (4.40)	33.57 (4.85)	.58	.565
Stress	48.16 (6.19)	45.38 (6.16)	46.10 (6.62)	.94	.399
Coping Strategies	143.89 (30.15)	128.67 (21.84)	136.79 (27.99)	1.44	.246
Self-Efficacy ^a	108.35 (12.05)	72.84 (42.72)	96.81 (16.11)	8.90	<.001**
<u>Within</u>	<u>F (p)</u>	<u>F (p)</u>	<u>F (p)</u>		
Anxiety	7.98 (.008)**	2.46 (.126)	.05 (.822)		
Stress	.01 (.934)	.51 (.479)	.01 (.965)		
Coping Strategies	6.04 (.019)*	.23 (.638)	.44 (.511)		
Self-Efficacy	13.53 (<.001)**	.18 (.676)	.01 (.978)		
a. Tukey analysis indicates statistically significant difference between outcomes of edutainment and group discussion ($p < .001$) and between outcomes of no intervention and group discussion ($p = .017$)					
<ul style="list-style-type: none"> • Denotes a significant difference at the <.05 level 					
** Denotes a significant difference at the <.001 level					

Table 5. *Summary of ANOVA*

	Source of variation	Sum of Squares	df	Mean Square
Anxiety	Between Groups	21.65	2	10.83
	Within Groups	1070.68	57	18.78
	Total	1092.33	59	
Stress	Between Groups	75.47	2	37.73
	Within Groups	2138.09	53	40.34
	Total	2213.55	55	
Coping Strategies	Between Groups	2088.70	2	1044.35
	Within Groups	37662.94	52	724.29
	Total	39751.64	54	
Violence experience	Between Groups	2.39	2	1.20
	Within Groups	302.54	57	5.31
	Total	304.93	59	
Self-efficacy	Between Groups	12737.42	2	6368.71
	Within Groups	40796.31	57	715.73
	Total	53533.73	59	

Table 5 is a summary of the ANOVA and gives the amount of variation explained by the differences in interventions for all variables.

Hypothesis 2

The literature on self-efficacy development and the impact of violence exposure on adolescents suggested the following testable hypothesis: the effect of edutainment/group discussion about gun violence/no intervention on stress, anxiety and active coping strategies is mediated by violence avoidance self-efficacy. However, the results presented above indicate group discussion alone did not differ from the comparison group on many of the outcomes tested and actually resulted in lower self-

efficacy scores than the comparison group. Thus, mediation analysis that examined the combined effect of edutainment and group discussion versus no intervention would unlikely provide any useful insights. Therefore, mediation analysis employed as the independent variable one that consisted of edutainment versus the combined no-intervention and comparison groups.

To test the mediation hypothesis, a series of multiple regressions were conducted based on the Baron and Kenny steps for establishing mediation (Kenny, 2009). First a regression was run to assess the relationship among the edutainment intervention and the outcome variables of stress, anxiety and coping strategies. Again, edutainment was compared to the combined group discussion and no intervention groups. Edutainment was not predictive of outcome scores (see Table 6). Thus, the traditional criteria for mediation as described by Baron and Kenny (1986) were not met. However, this does not preclude testing of indirect effects (i.e. independent variables could be indirectly related through an intervening variable; Mathieu & Taylor, 2006).

Table 6. *Regression analysis to assess relationship between intervention and outcomes*

Dependent Variable	B _{intervention}	SE _B	p
Anxiety	-.125	1.19	.917
Coping Strategies	11.05	7.72	.158
Stress	2.37	1.78	.187

Next, a regression was conducted to test the relationship between edutainment and self-efficacy. Edutainment was associated with a nearly 23 point increase in self-efficacy scores: $B = 22.93$, $t(58) = 2.956$, $p = .005$. Regressions were then conducted for each

outcome measure with edutainment and self-efficacy as predictors. This allowed for examination of the relationship among self-efficacy and outcome variables while controlling for the effect of the intervention (Baron & Kenny, 1986).

Results (see Table 7) indicate that self-efficacy is not significantly related to anxiety ($p = .699$) or coping strategies ($p = .368$). However, there was a significant relationship between self-efficacy and stress ($p = .048$). Self-efficacy and the intervention together explain nearly 7% of the variation in stress. In summary, there is evidence that self-efficacy intervenes in the relationship between edutainment and stress. As there was no direct effect of edutainment on stress, according to the traditional methods (Baron & Kenny, 1986) this intervening effect could not be considered mediation, rather it is more appropriately called an indirect effect (Mathieu & Taylor, 2006). There was no evidence of self-efficacy intervening (neither mediation nor indirect effects) in the relationship between edutainment and the other outcome variables, anxiety and coping strategies.

Table 7. Regression analysis to assess relationship between interventions (edutainment and group discussion/no intervention) and self-efficacy against outcomes

Dependent Variable	B _{self-efficacy}	SE _B	p
Anxiety	-0.01	0.02	.699
Coping Strategies	7.56	8.32	.368
Stress	0.06	0.03	.048*

* denotes a significant effect at the <.05 level

Chapter 5 – Discussion

Summary of Findings

This study examined the effectiveness of edutainment as compared to group discussion and a control group as an intervention for adolescents exposed to community violence. The sample employed in this research was consistent with samples used in previous research in this area that show that African-American adolescents are exposed to a significant amount of community violence. The results suggest that this sample from neighborhoods in Philadelphia had similar rates of violence exposure reported for other urban populations (Jenkins, Wang, & Turner, 2009; Buka, Stichick, Birdthistle, & Early, 2001; Flowers, Hastings, & Kelly, 2000). The rates of exposure to violence reported in this study were slightly higher than adolescents in a national sample of mixed race urban youth (McCart et al., 2007). The results also indicate high levels of stress and anxiety for this population when compared with a normative sample of adolescents for the scales used measuring these concepts (Spence, Barrett, & Turner, 2003; Gonzales, Gunnoe, Jackson, & Samaniego, 1996).

Furthermore, the study findings determined that there was no statistical significant difference in outcome levels of stress, anxiety or coping strategies for those who received the edutainment, the group discussion or the no intervention. There was a significant difference noted for outcome levels of violence avoidance self-efficacy with the edutainment participants and the no intervention participants scoring higher levels of violence avoidance self-efficacy than the group discussion participants.

It was expected that the edutainment participants would have higher outcomes for violence avoidance self-efficacy than the group discussion participants but the control

group's higher scores were unexpected. The reason for this is unclear but could be attributed to the group discussion making participants more aware of their vulnerability to possible victimization and exposure without sufficient follow-up to help them identify ways to stay safe. In addition, the group discussion was expected to be more effective than the no intervention in decreasing stress and anxiety and in increasing coping strategies. As stated earlier, Thornton and colleagues (2002) at the Center for Disease Control list four best practices for violence prevention programs. Education, which occurred in the group discussion, was only one of the practices. If the group discussion had included story telling, role-playing or opportunities to practice safety and coping skills, there may have been a different result. A possible reason for an increase in self-efficacy of the no intervention group could be that taking the pre-test may have impacted and biased their responses on the post-test, given the short time frame.

Based on literature about the effectiveness of edutainment as interventions in other areas, it was expected that the edutainment group would have been significantly more effective than group discussion or no intervention (Glik et al.,2002; O'dea, 1993). It was also expected to be more effective because it employs all of the components of the Center for Disease Control's (CDC) best practices for violence prevention programs. One of the potential drawbacks of the use of edutainment is the possibility of the audience getting involved with the story and missing the pertinent message. The group discussion immediately following the presentation should reduce the risk of this occurring. However, the discussion may have happened too close to the end of the play and therefore may not have offered enough time for the audience to digest what they had just seen. Also, the discussion immediately following the show is only 20 – 25 minutes in length which does

not allow sufficient time for processing all of the relevant themes from the show as well as time to practice the skills learned. It may well be beneficial to have a longer discussion a few days later after the audience has had some time to think about what they have seen. Additionally, the discussion a few days later in a different setting would allow fewer group members in the group discussion which would give more opportunity for participants to engage with the skills being discussed.

It should be noted that there were significant time effects in the results for the participants in the edutainment intervention and there were no time effects for the group discussion nor the control group. Because the groups were comparable, if the change in outcomes were attributed to maturation then change would have been found in all intervention groups. Consistent with the literature on the effectiveness of edutainment as an intervention (Stephenson & Ioannone, 2006; Lee & Finney 2004), this study's edutainment produced significantly higher coping strategies and violence avoidance self-efficacy levels and significantly reduced anxiety levels than the other interventions over time.

The results of this research did not demonstrate support for the hypothesis that violence avoidance self-efficacy was a mediating variable in the effects of edutainment and group discussion/no intervention on stress, anxiety and coping strategies for this sample. While the traditional criteria for mediation as described by Baron and Kenny (1986) were not met, there was evidence that violence avoidance self-efficacy intervened in the relationship between edutainment and stress. As there was no direct effect of edutainment on stress, according to the traditional methods (Baron & Kenny, 1986) this intervening effect could not be considered mediation, rather it is more appropriately

called an indirect effect (Mathieu & Taylor, 2006). There was no evidence of violence avoidance self-efficacy intervening (neither mediation nor indirect effects) in the relationship between edutainment and the other outcome variables, anxiety and coping strategies.

The lack of evidence for violence avoidance self-efficacy being a mediator could be attributed to the small sample size. Another reason for the lack of effect could be, as stated earlier, there is a risk of the audience getting engrossed in the story and missing key elements. This may have inhibited the presentations ability to increase participants' confidence and ability to control thoughts which are needed to increase self-efficacy. Without this increase in self-efficacy, there is not a reduction in anxiety and an increase in coping strategies (Benight & Bandura, 2004). Once again a more thorough processing after the presentation may have produced a greater impact on outcomes.

Implications for Policy and Practice

The findings of the current study in conjunction with the review of relevant literature provide several implications for social work practice and policy (Table 8). Consistent with prior research, this African-American, urban sample had high rates of violence exposure. Since community violence exposure has been linked with a host of negative internalized and externalized symptoms in adolescents (Gorman-Smith & Tolan, 2003), it is important that social workers understand the risk and protective factors when working with this population. With the understanding of these factors social workers can provide therapy and programs that reduce risk and increase support of those factors that buffer adolescents from the negative impact of violence exposure.

Table 8. *Implications for policy and practice*

- Interventions should include vicarious experiences
- Preferably edutainment presentations employed should be culturally, racially and demographically relevant to the population;
- Edutainment should allow sufficient time for discussion following the show;
- Groups should be small enough to allow for participation of all group members;
- Social workers along with caregivers or positive adult role models and, if possible, peer leaders should facilitate discussions;
- Interventions need to include opportunities for role playing, narrative/storytelling and time for practicing new skills;
- Additional funding and support for community centers to do more of these types of interventions;
- Assess for trauma among this population given the high rate of violence exposure

The effects, though limited, of edutainment indicated by this study give credence to the continued development of these types of interventions. Social workers are well equipped and trained in facilitation techniques such that they are appropriate professionals to lead the discussions following such presentations as employed in this study. Freedom Theatre has had social workers on staff and as consultants since its inception. Besides processing plays with audiences, social workers act as consultants on script development and work with the cast members in understanding the emotional impact of scenes that may be outside of the actors' experience.

The outcomes of this study indicated high levels of stress and anxiety related to violence exposure for this population. This could be an indication of reaction to psychological trauma. According to Ford and Courtois (2009), persistent feelings of not

being safe, hyper arousal and emotional numbing are symptoms of complex psychological trauma. The outcomes of this study indicate that this sample exhibited these symptoms and other symptoms of Post Traumatic Stress Disorder. When adolescents present with symptoms these symptoms, social workers should always attempt to collect a trauma history so that symptomatology associated with violence exposure can be addressed appropriately.

In alignment with the CDC's best practices for violence prevention /intervention programs, one implication drawn from this study is that interventions need to include opportunities for role playing, narrative/storytelling and chances for the young people to practice the skills that are being taught (Thornton et al., 2002). Including these best practices in group processes is especially important for social workers who use group discussions for giving information or intervening with youth. The composition of clients in the group sessions should be small enough to allow for participation of all group members. Using these best practices when working with youth may increase their confidence in their ability to successfully navigate away from violence and thereby increase their violence avoidance self-efficacy.

Prior research indicates that caregivers or positive adult role models are an important factor in distributing information and influencing behavior (Reese et al., 2000). Unger (2004) found that interactions with caregivers played an important role in how youth perceived their ability to overcome adversities. Additionally, using peers to deliver positive messages has been successful in influencing positive choices (Crosnoe & McNeely, 2008). The implication is social workers should involve adults who act as role models and caregivers as well as positive peer leaders to lead or be involved in group

discussions and to give information about violence avoidance or any other topic in the same way that the edutainment presentation of “Journey of a Gun” uses actors from the same peer group to present the play.

This study indicated that self-efficacy intervened in edutainment’s ability to reduce stress and therefore provides some evidence that the intervention has promise, but needs further development. Literature supports vicarious experiences as an effective means of developing self-efficacy (Benight & Bandura, 2004). Vicarious experiences are a good way to convey pro-social messages. Observing the young people in the play make choices and experience the consequences or benefits of those choices, enables the audience to confront topics that may be uncomfortable or too painful to talk about on a personal level (Stephenson & Ioannone, 2006). Being able to talk about what happened to a character in a show seems to be safer for the young people than talking about themselves. Social workers should employ edutainment and other interventions that provide vicarious experiences to discuss and address difficult issues which confront adolescents’.

When using edutainment to provide vicarious experiences, it is important to allow sufficient time after the show for discussion and role playing. The discussion following the presentations should be long enough to give opportunities for a complete processing of the themes in the show as well as skills that are being taught. It may be beneficial to have follow-up discussions at community centers a week or two following the viewing of an edutainment presentation. By having a discussion at community centers, you would give the participants more opportunity to act out alternative endings in an environment that is more familiar and where the discussion can be more easily related to their

environment. It would also allow for smaller group discussions in which the participants would, as stated earlier, have more opportunity to share thoughts and feelings.

This study was seamlessly integrated into the community centers which were used. As stated earlier, the community centers are one place where the youth feel safe and supported. The community centers also use the group discussion format to address a variety of issues and often expose the participants to culture and arts programs such as plays, museums and movies. Literature supports community centers and the relationships they provide with peer groups and positive role models as protective factors for inner-city youth (Jagers et al., 2007). Additional funding and support for community centers would enable them to do more of these types of interventions on a diversity of topics. Given the high rates of violence among youth participating in this study, centers likely need to do more in the area of violence prevention and intervention programs.

One of the benefits of using Freedom Theatre and Journey of a Gun was the cast reflected the culture, race and demographics of the population studied. This enhanced the ability of the edutainment presentation to provide vicarious experiences. Social workers using edutainment should attempt to find presentations that involve actors who are culturally, racially and demographically relevant to the population with whom they are working.

Limitations and Directions for Future Research

The results of this study are limited but promising. Study findings imply that edutainment is worth further investigation as a method of increasing self-efficacy and decreasing stress in Black adolescents exposed to community violence. Additional

research is needed in order to further explore the connection between high levels of self-efficacy and reduced stress and anxiety (Table 9).

Table 9. *Limitations and future research*

- A small sample size and a quasi-experimental design
Response: a larger sample coupled with a randomized design;
- Use of self report data
Response: collect information from other sources than the subjects themselves also combine qualitative with quantitative measures;
- Short time between pre and post testing (9 days)
Response: allow more time between testing;
- Use of original instrumentation
Response: Establish psychometric properties of the instrument with a larger sample.

While it is expected that the high rates of violence impact all adolescents to some degree, this study used a high risk Black population from neighborhoods with high levels of violent crimes in Philadelphia and is therefore not generalizable to all Black youth aged 9 – 15. Additionally, the use of a non-probability sample and a small sample size further limits generalizability of the findings. With a larger sample, some of the results which were too weak to be significant may have achieved statistical significance. Further, while the groups were equal on those characteristics which were measured, they may have been unequal on non-measured characteristics. A larger sample coupled with a randomized design may ensure more equality of the groups and the possibility that a strong effect may have been found from the edutainment intervention.

An additional limitation is the research solely relied on adolescent self-report data. Self reported data can lend itself to results which may be intentionally biased or unreliable (Guterman, Cameron, & Staller, 2000). However, there is evidence that self-report scales are the most accurate and consequently the preferred method to assess youth

violence exposure and its' impact (Flowers, Hastings, & Kelly, 2000; Cooley, Turner, & Beidel, 1994). With this in mind, future research should also collect information from other sources like parents or teachers to further assess violence exposure, stress, anxiety, and violence avoidance self-efficacy levels. Such triangulation of data sources would enhance the validity of assessing adolescents' reports of exposure and its' impact. Additionally, future research should pair the quantitative data with qualitative measures collected during in depth interviews and or focus groups with the young people involved as well as their parents and other caregivers. The pairing of qualitative and quantitative methods could give a richer picture of the effects of the intervention. It would also enable the researcher to assess the impact of different styles of caregiver support and amounts of caregiver reinforcement following the intervention.

Another limitation of the study was the short time between the pre and post testing (9 days). The scale measuring stress was designed to be given with a minimum of 30 days between tests. The limited time between tests in this study may have contributed to the observance of non-significant differences between the pre and post outcomes for stress. Future research should allow more time between pre and post testing as well as considering other measures for assessing this concept. Additionally, further research should allow for a follow up post-test to determine if the effects of participating in this type of intervention are lasting.

The original instrument, the Penn VASES measuring violence avoidance self-efficacy had good reliability and positively correlated with the KidSAVE in this study and earlier piloting. While results appear promising further research to establish the instrument's psychometric properties is needed. This research would need to involve a

larger sample size with other valid measures in order to test the construct and criterion validity. In addition, testing the measures test-retest reliability would be important

Conclusion

Most of what is reported by national studies about Black youth's exposure to violence is replicated in Philadelphia. Adolescent exposure to community violence puts them at risk for difficulties in emotional well-being (Jones, 2007; Acosta et al., 2001; Garbarino et al., 1992). Previous research has examined the effects of witnessing or being exposed to community violence on adolescents but there are few empirically tested interventions for addressing these experiences (Acosta et al., 2001). Vera and colleagues (2004) found that adolescents with higher levels of self-efficacy had a wider range of coping skills and that a broader range of coping skills was predictive of their ability to walk away from violence. Edutainment is one intervention that has promise in its ability to give educational messages about various topics with adolescent populations including violence prevention (Glik et al., 2002; Stephenson & Ioannone, 2006; Lee & Finney, 2004).

This study indicates limited but positive effects for edutainment and contributes to the knowledge about edutainment and its effects on Black adolescents exposed to community violence. This study suggests an intervention which has potential to address this issue and is consistent with social workers skills and but needs further development and enhanced rigor in the research methods with a larger sample to determine its' effectiveness.

Attachment A

Dear Parent or Guardian,

In the last few years, Philadelphia has been in the news for the increase in violence and homicides. Our children have been and continue to be exposed to a violent society. In an effort to see our children through adolescence emotionally healthy, Valerie Allen will be researching the impact of educational entertainment as an intervention with Philadelphia youth living in neighborhoods where there is violence. Our children will be attending Freedom Theatre's production of *Journey of a Gun* on _____. With your permission, prior to seeing the show and, for some, after seeing the show, your child will be asked to complete surveys about their stress, anxiety and violence exposure levels. Participation in this research is voluntary but we hope that you will consider allowing your child to participate.

The purpose of the study is to learn more about education entertainment as an intervention with youth exposed to community violence.

- It is being conducted for a dissertation;
- It will look at the amount of community violence youth are exposed to;
- It will look at the stress and anxiety levels experienced by youth exposed to violence;
- It will look at coping strategies the youth have for dealing with violent situations; and,
- It will look at how comfortable the youth feel in handling potentially violent situations.

Valerie will be at our center on _____ to explain the research and procedures in more detail and to get answer to any questions you may have regarding your child's participation.

We look forward to being a part of and learning the results of this study.

Sincerely,

Center Director

Attachment B

Informed Consent Form

What is the purpose of the study?

The purpose of the study is to learn more about education entertainment as an intervention with youth exposed to community violence.

It is being conducted for a dissertation;

It will look at the amount of community violence youth are exposed to;

It will look at the stress and anxiety levels experienced by youth exposed to violence; and

It will look at how comfortable the youth feel in handling potentially violent situations.

Why was my child asked to participate in the study?

Your child is being asked to join this study because living in Philadelphia exposes children to high amounts of violence.

How long will he/she be in the study? How many other people will be in the study?

The study will take place over a period of 1 month. This means for the next month we will ask your child to spend 2 days a month participating in this study. Each session will last approximately 1.5 hours.

Your child will be one of approximately 100 people in the study.

What will I be asked to do?

Your child will answer 2 sets of survey question about their levels of violence exposure, stress, anxiety coping strategies and how comfortable they feel dealing with potentially violent situations.

Your child will participate in a facilitated group discussion about violence and issues related to violence prevention.

Your child will attend a live dramatic presentation at Freedom Theatre.

What are the risks?

The primary risks of participation in this study are increased stress, anxiety and/ or depression. Workers are trained to minimize the likelihood of this occurring. If this should happen, parents and/or guardians will be contacted and the child would be referred to his/her family doctor or to the community mental health Clinic for follow-up.

How will I benefit from the study?

There may be no benefit to you. However, your child's participation could help us understand effective interventions for reducing stress and anxiety felt by youth in communities plagued with violence, which can benefit you indirectly. In the future, this may help other youth in violent communities to feel less stress and anxiety.

What other choices do I have?

Your child's alternative to being in the study is to not be in the study.

What happens if I do not choose to join the research study?

You may choose to have him/her join the study or you may choose not to have him/her join the study. Your child's participation is voluntary.

There is no penalty if you choose not to have her/him join the research study. You will lose no benefits or advantages that are now coming to you, or would come to you in the future. No one at the Center will be upset with your decision should you decide not to participate.

If you are currently receiving services and you choose not to volunteer in the research study, your services will continue.

When is the study over? Can I leave the study before it ends?

The study is expected to end after all participants have completed all surveys and all the information has been collected. The study may be stopped without your consent for the following reasons:

The researcher feels it is best for your child's safety and/or health-you will be informed of the reasons why.

Your child has not followed the study instructions

The researcher, the sponsor or the Office of Regulatory Affairs at the University of Pennsylvania can stop the study anytime

You have the right to pull your child out of the research study at anytime during his/her participation. There is no penalty or loss of benefits to which you are otherwise entitled if you decide to do so. Withdrawal will not interfere with your future care.

If you no longer wish to be in the research study, please contact Valerie Allen, at 215-898-0104 and take the following steps:

State you do not wish to continue. You will be asked to share your reason for discontinuing.

How will confidentiality be maintained and my privacy be protected?

The research team will make every effort to keep all the information you tell us during the study strictly confidential, as required by law. The Institutional Review Board (IRB) at the University of Pennsylvania is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information. Any documents you sign, where you can be identified by name will be kept in a locked drawer in the research study office. These documents will be kept confidential. All the documents will be destroyed when the study is over.

Your child will be assigned a study number. Your child's name will not be used in the study. Your child's name will only be connected to his/her assigned number in files

maintained by the Principal Investigator. Once the study is complete, all records will be destroyed.

Will I have to pay for anything?

There is no cost to you for being in the study.

Will my child be compensated for participating in the study?

For completion and submission of this permission slip and an assent form, as well as completion of the pre and post-test, we will give your child two movie passes. If you decide to withdraw your child from the study before the study is over, there is no compensation.

Who can I call with questions, complaints or if I'm concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your child's participation in this research study or if you have any questions about your child's rights as a research subject, you should speak with Valerie Allen. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any questions, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

For questions about the study, please contact Valerie Allen at 215-898-0104.

Save this part of the form for future reference.

Sign this part of the form and return it with your child to the center

_____ I give my child, _____, permission to participate in the study on educational entertainment as an intervention with youth dealing with community violence. I understand that my child will participate in a group discussion and complete questionnaires before and after the discussion.

_____ I do not give permission for my child to participate in the study.

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Attachment C

Educational Entertainment 54

Attachment C

ASSENT TO PARTICIPATE IN RESEARCH

Study of Educational Entertainment Interventions with Adolescents exposed to Community Violence

1. My name is Valerie Dorsey Allen.
2. We are asking you to take part in a research study because we are trying to learn more about ways to help young people feel less stress and worry about community violence.
3. If you agree to be in this study we will ask you a list of questions. There are no right or wrong answers. Your answers will tell us how much violence you witness, how much stress and worry you feel. It will also tell us how comfortable you feel handling violent situations. You will see a play about gun violence and take part in a group discussion about violence prevention.
4. You may find that talking about violence you have seen or heard makes you feel more worried or stressed.
5. For completing all other parts of the study, you will receive 2 movie tickets.
6. Your parents have given their permission for you to take part in this study. But you can still decide not to be in this study.
7. If you don't want to be in this study, you do not have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
8. You can ask any questions that you have about this study. If you have a question later that you didn't think of now, you can call me (215-898-0104) or ask me the next time you see me.
9. Signing your name below means that you agree to be in this study. You and your parents will be given a copy of this form after you sign it.

Name of Participant

Date

Signature of Investigator

Date

Attachment D

Group Discussion Outline

Note: facilitators should take attendance and complete the fidelity checklist.

- I. Opening
 - A. Introduce self and the group topic
 - B. Discuss objectives:
 - To identify ways to prevent violence,
 - To recognize the nature and causes of violence,
 - To identify coping strategies, and
 - To identify ways to avoid violent places and situations.

- II. Definitions
 - A. Community
 - B. Violence
 - C. Prevention
 - D. Respect
 - E. Anger
 - F. Trust

- III. Community violence
 - A. What I have seen
 - B. Recognizing the roots of violence (e.g. anger, isolation, desperation, depression)
 - C. What it feels like to witness violence
 - D. Understanding your feelings
 - E. Developing ways to cope with your feelings

- IV. What I can do about violence
 - A. How not to be victimized
 - B. Options to fighting
 - C. How to support others

- V. Closing - Closing exercise - “Let me Pass” – participants must convince the group that they need to leave by telling what they will do to avoid violence.

Attachment E




KID-SAVE

How often it happens

How Upsetting it was



	Never	Sometimes	A lot	Not At all	Somewhat	Very
1. I have seen someone carry a gun.	Never	Sometimes	A lot	Not At all	Somewhat	Very
2. I have heard about someone getting attacked with a knife.	Never	Sometimes	A lot	Not At all	Somewhat	Very
3. I have seen the police arrest someone.	Never	Sometimes	A lot	Not At all	Somewhat	Very
4. Someone has pulled a gun on me.	Never	Sometimes	A lot	Not At all	Somewhat	Very
5. I have seen someone pull a knife on someone else.	Never	Sometimes	A lot	Not At all	Somewhat	Very
6. I have heard about a friend of mine getting shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very
7. I have seen someone get badly hurt.	Never	Sometimes	A lot	Not At all	Somewhat	Very
8. Someone has pulled a knife on me.	Never	Sometimes	A lot	Not At all	Somewhat	Very
9. I have seen someone get killed.	Never	Sometimes	A lot	Not At all	Somewhat	Very
10. I have heard about drive-by shootings in my neighborhood.	Never	Sometimes	A lot	Not At all	Somewhat	Very
11. I have seen a family member get shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very
12. Grown-ups scream at me at home.	Never	Sometimes	A lot	Not At all	Somewhat	Very
13. I have seen a grown-up hit a kid.	Never	Sometimes	A lot	Not At all	Somewhat	Very
14. Someone has threatened to beat me up.	Never	Sometimes	A lot	Not At all	Somewhat	Very
15. I have seen people scream at each other.	Never	Sometimes	A lot	Not At all	Somewhat	Very
16. I hear gunshots in my neighborhood.	Never	Sometimes	A lot	Not At all	Somewhat	Very
17. I have seen someone carry a knife.	Never	Sometimes	A lot	Not At all	Somewhat	Very
18. Grown-ups hit me at home.	Never	Sometimes	A lot	Not At all	Somewhat	Very
19. I have seen a friend of mine get shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very

	How often it happens			How upsetting it was		
	Never	Sometimes	A lot	 Not At all	 Somewhat	 Very
20. I have run for cover when people started shooting.	Never	Sometimes	A lot	Not At all	Somewhat	Very
21. I have seen a kid hit a grown-up.	Never	Sometimes	A lot	Not At all	Somewhat	Very
22. I have heard about someone getting killed.	Never	Sometimes	A lot	Not At all	Somewhat	Very
23. I have see someone pull a gun on someone else.	Never	Sometimes	A lot	Not At all	Somewhat	Very
24. I have been attacked with a knife.	Never	Sometimes	A lot	Not At all	Somewhat	Very
25. I have been badly hurt.	Never	Sometimes	A lot	Not At all	Somewhat	Very
26. I have heard about someone getting beat up.	Never	Sometimes	A lot	Not At all	Somewhat	Very
27. I have seen someone get beat up.	Never	Sometimes	A lot	Not At all	Somewhat	Very
28. Someone my age hits me.	Never	Sometimes	A lot	Not At all	Somewhat	Very
29. I have seen someone get attacked with a knife.	Never	Sometimes	A lot	Not At all	Somewhat	Very
30. I have heard of someone carrying a gun in my neighborhood.	Never	Sometimes	A lot	Not At all	Somewhat	Very
31. I have seen a drive-by shooting.	Never	Sometimes	A lot	Not At all	Somewhat	Very
32. I have heard about a family member getting shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very
33. I have seen a car get stolen.	Never	Sometimes	A lot	Not At all	Somewhat	Very
34. I have heard about someone getting shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very
35. I have seen someone get shot.	Never	Sometimes	A lot	Not At all	Somewhat	Very

We want to learn about things that happen to kids so we can help you. If something violent has happened to you or someone you know, please tell us about it: _____

Attachment F

SPENCE CHILDREN'S ANXIETY SCALE

Your Name: _____ Date: _____

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1. I worry about things.....
Never Sometimes Often Always
2. When I have a problem, I get a funny feeling in my stomach.....
Never Sometimes Often Always
3. I feel afraid.....
Never Sometimes Often Always
4. I am popular amongst other kids my own age.....
Never Sometimes Often Always
5. I am good at sports.....
Never Sometimes Often Always
6. When I have a problem, my heart beats really fast.....
Never Sometimes Often Always
7. I worry that something bad will happen to me.....
Never Sometimes Often Always
8. When I have a problem, I feel shaky.....
Never Sometimes Often Always
9. I am a good person.....
Never Sometimes Often Always
10. I feel happy.....
Never Sometimes Often Always
11. I like myself.....
Never Sometimes Often Always
12. I am proud of my school work.....
Never Sometimes Often Always

Attachment G

Multicultural Events Schedule for Adolescents

Instructions: Here are some events that sometimes happen to youth. Please indicate whether each of the following events have happened to you in the past 3 months.

1 'HAPPENED'

2 'DID NOT HAPPEN'

1. _____ Your broke up with your boyfriend / girlfriend.
2. _____ A close family member was seriously ill or injured.
3. _____ A close family member died.
4. _____ A close friend died.
5. _____ You were pressured to do drugs, smoke or drink alcohol.
6. _____ You were pressured against your will to join a gang.
7. _____ Someone stole something valuable from you (more than \$5).
8. _____ You heard gun shots fired at your school or in your neighborhood.
9. _____ A close family member or someone you live with got drunk or high.
10. _____ You saw someone carrying a weapon.
11. _____ Your close friend(s) got drunk or high.
12. _____ You saw someone being threatened with a knife or gun.
13. _____ A close family member or someone you live with participated in gang activity.
14. _____ Someone close to you was threatened with a knife or gun.
15. _____ Your friends criticized you for hanging out with other ethnic or racial groups.
16. _____ Someone close to you was shot or attacked.
17. _____ Other kids made fun of the way you look.
18. _____ A friend that you trusted did not keep a secret.
19. _____ Your boyfriend / girlfriend dumped you or cheated on you.
20. _____ You were physically attacked by someone not in your family.
21. _____ You liked someone who didn't like you.

22. _____ You had a disagreement or fight with a close friend.
23. _____ Other kids wanted to fight with you or tried to fight with you.
24. _____ A close friend had a serious emotional problem.
25. _____ Someone broke into your home or damaged it.
26. _____ You could not buy yourself something important because your family did not have enough money.
27. _____ You were pressured about having sex.
28. _____ You were threatened with a knife or gun.
29. _____ A close family member or someone you live with committed a crime, got in trouble with the law, or was sent to jail.
30. _____ You saw someone get shot or attacked.
31. _____ You saw someone commit a crime (e.g., stealing, selling drugs, etc.) in your neighborhood.

Attachment H

CHILDREN'S COPING STRATEGIES CHECKLIST

Instructions

Sometimes kids have problems or feel upset about things. When this happens, they may do different things to solve the problem or to make themselves feel better. For each item below, choose the answer that BEST describes how often you usually did this to solve your problems or make yourself feel better during the past month. There are no right or wrong answers, just indicate how often YOU USUALLY did each thing in order to solve your problems or make yourself feel better during the past month (or since [marker event]).

Question/Response Format

___ 1. *When you had problems in the past month, you thought about what you could do before you did something.*

Never Sometimes Often Most of the time

1 2 3 4

___ 2. You tried to notice or think about only the good things in your life.

___ 3. You tried to ignore it.

___ 4. You told people how you felt about the problem.

___ 5. You tried to stay away from the problem.

___ 6. You did something to make things better.

___ 7. You talked to someone who could help you figure out what to do.

___ 8. You told yourself that things would get better.

___ 9. You listened to music.

___ 10. You reminded yourself that you are better off than a lot of other kids.

___ 11. *When you had problems in the past month, you daydreamed that everything was okay.*

Never Sometimes Often Most of the time

1 2 3 4

___ 12. You went bicycle riding.

___ 13. You talked about your feelings to someone who really understood.

___ 14. You told other people what you wanted them to do.

___ 15. You tried to put it out of your mind.

___ 16. You thought about what would happen before you decided what to do.

- ___ 17. You told yourself that it would be OK.
- ___ 18. You told other people what made you feel the way you did.
- ___ 19. ***When you had problems in the past month, you told yourself that you could handle this problem.***

Never Sometimes Often Most of the time
1 2 3 4

- ___ 20. You went for a walk.
- ___ 21. You tried to stay away from things that made you feel upset.
- ___ 22. You told others how you would like to solve the problem.
- ___ 23. ***When you had problems in the last month, you tried to make things better by changing what you did.***

Never Sometimes Often Most of the time
1 2 3 4

- ___ 24. You told yourself you have taken care of things like this before.
- ___ 25. You played sports.
- ___ 26. You thought about why it happened.
- ___ 27. You didn't think about it.
- ___ 28. You let other people know how you felt.
- ___ 29. You told yourself you could handle what ever happens.
- ___ 30. You told other people what you would like to happen.
- ___ 31. You told yourself that in the long run, things would work out for the best.
- ___ 32. You read a book or magazine.
- ___ 33. ***When you had problems during the past month, you imagined how you'd like things to be.***

Never Sometimes Often Most of the time
1 2 3 4

- ___ 34. You reminded yourself that you knew what to do.
- ___ 35. You thought about which things are best to do to handle the problem.
- ___ 36. You just forgot about it.

- ___ 37. You told yourself that it would work itself out.
- ___ 38. ***When you had problems in the past month, you talked to someone who could help you solve the problem.***

Never Sometimes Often Most of the time

1 2 3 4

- ___ 39. You went skateboard riding or roller skating.
- ___ 40. You avoided the people who made you feel bad.
- ___ 41. You reminded yourself that overall things are pretty good for you.
- ___ 42. You did something like video games or a hobby.
- ___ 43. You did something to solve the problem.
- ___ 44. ***When you had problems in the last month, you tried to understand it better by thinking more about it.***

Never Sometimes Often Most of the time

1 2 3 4

- ___ 45. You reminded yourself about all the things you have going for you.
- ___ 46. You wished that bad things wouldn't happen.
- ___ 47. You thought about what you needed to know so you could solve the problem.
- ___ 48. ***When you had problems in the last month, you avoided it by going to your room.***

Never Sometimes Often Most of the time

1 2 3 4

- ___ 49. You did something in order to get the most you could out of the situation.
- ___ 50. You thought about what you could learn from the problem.
- ___ 51. You wished that things were better.
- ___ 52. You watched TV.
- ___ 53. You did some exercise.
- ___ 54. You tried to figure out why things like this happen.

Attachment I

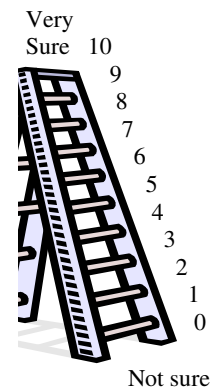
The Penn Violence Avoidance Self Efficacy Scale (VASES)

Instructions

Below are 12 events that youth your age may have been exposed to. We want to know how likely you are to avoid these situations. So, please answer each item in terms of whether you believe you are able to stay away from that situation. Once you have indicated whether or not you would be able to avoid the situation, please tell us how sure you are about this, or how certain you are that you would be able to stay away from the situation. Imagine how “sure” or “certain” you are as a ladder with 10 steps. Indicate how sure or certain you are by placing a mark on the step of the ladder that reflects your belief. If you have any questions about how to answer these items, please ask.

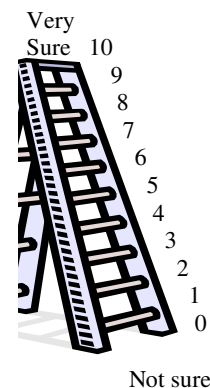
1. In the past, I have seen someone carry a gun. Yes No

How sure are you that you will be able to stay away from someone who carries a gun in the future?



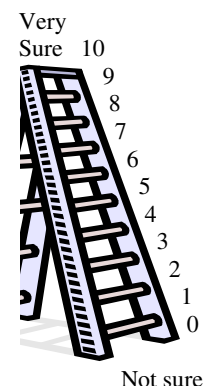
2. In the past, I have not been in a place or situation where someone was killed.. Yes No

How sure are you that you will be able to avoid that type of situation or place in the future?



3. In the past, I have seen someone carry a knife. Yes No

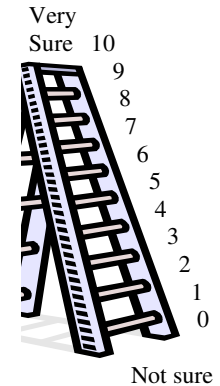
How sure are you that you will be able to stay away from someone who carries a knife?



Directions: Answer the question and mark on the ladder how certain you would be able to avoid the situation.

4. I have been able to avoid situations where people are getting in trouble with the police. ___Yes ___No

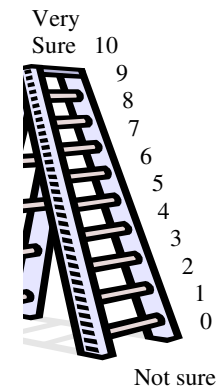
How sure are you that you will be able to avoid situations where people are getting into trouble with the police?



5. In the past, I have walked away from friends who were doing something violent that I think is wrong.

___Yes ___No

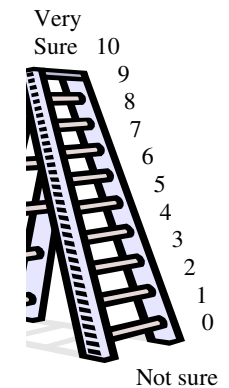
How sure are you that you will be able to do that in the future?



6. I have been in situations where adults who are not my parents screamed or cursed at me.

___Yes ___No

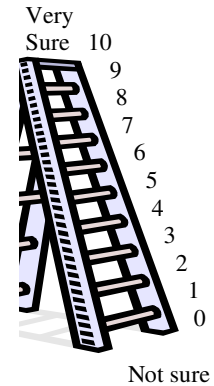
How sure are you that you will be able to avoid situations where adults scream and curse at you?



Directions: Answer the question and mark on the ladder how certain you would be able to avoid the situation.

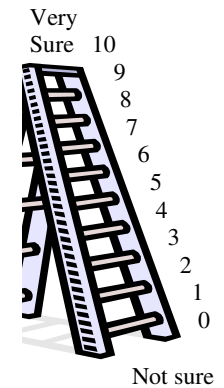
7. In the past, I have been in a place or situation where I was beaten up. ____Yes ____No

How sure are you that you will be able to stay away from places or situations where you may get beaten up?



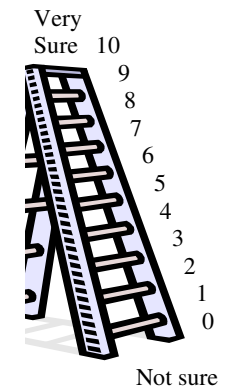
8. I have not been hit or pushed around by my peers in the past. ____Yes ____No

How sure are you that you will be able to avoid people or situations where you might get hit or pushed around by your peers?



9. I have been in a place where I was badly hurt. ____Yes ____No

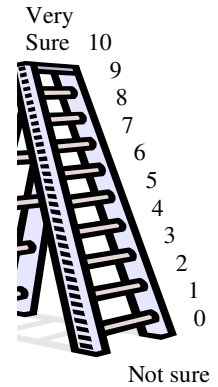
How sure are you that you will be able to stay away from places where you might get badly hurt?



Directions: Answer the question and mark on the ladder how certain you would be able to avoid the situation.

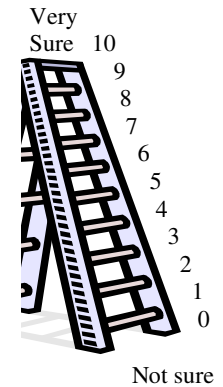
10. I have been able to stay safe when I have heard gunshots. ___Yes ___No

How sure are you that you would be able to stay safe if you heard gunshots?



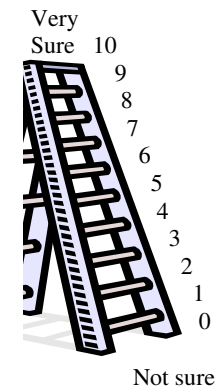
11. I have been able to stay safe in a place or situation where people started fighting. ___Yes ___No

How sure are you that you would be able to stay safe if people started fighting?



12. In the past I have been able to stay away from people and places that are dangerous to me.
___ Yes ___No

How sure are you that you are able to stay away from people and places that would be dangerous to you?



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