Breaking the Cycle of Violence Among Youth Living in Metropolitan Atlanta: A Case History of Kids Alive and Loved

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Breaking the Cycle of Violence Among Youth Living in Metropolitan Atlanta: A Case History of Kids Alive and Loved

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More teenagers in the United States die from gunshot wounds than from all natural causes of disease combined. Firearm-related mortality accounts for almost half of all deaths among African American teens. Residents of central cities have the highest probability of experiencing violent crimes. This article describes an innovative community-based intervention designed to break the cycle of violence among youth in metropolitan Atlanta. The intervention, Kids Alive and Loved (KAL), emerged from the African American community as one mother's response to the violent death of her 17-year-old son. The authors describe how her response to tragedy gave birth to a culturally appropriate intervention for youth exposed to violence. This article delineates the evolution of KAL, the role of community partners in the design of the intervention, and how diffusion of innovation theory has implications for understanding the KAL approach to breaking the cycle of violence.

The purpose of this article is to describe an innovative community-based intervention designed to break the cycle of violence among youth in metropolitan Atlanta. The intervention, Kids Alive and Loved (KAL), emerged from the African American community as one mother's response to the violent death of her 17-year-old son. We describe how her creative response to tragedy gave birth to an intervention for youth exposed to violence. The KAL model is based on the recognition that youth exposed to violence experience posttraumatic stress. In addition, the consequent grief, anger, and aggression contribute to assaultive behavior. We believe that the emotional consequences of exposure to violence are neglected among urban youth living in communities where access to health care is limited. When the consequences of exposure to violence persist without intervention, these youth experience a greater risk of being a victim or perpetrator in a cycle of violence.

The KAL model assumes that violence is endemic in American society, especially in cities. Therefore, the specific aim of KAL is to provide youth living in urban areas with a relevant social context within which they can interpret their traumatic experiences in an environment of safety and social support. As youth learn to label the memories of their

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traumatic experiences, they are able to grieve and begin the process of healing. This article will describe the evolution of KAL, the role of community partners in the design of the intervention, and how diffusion of innovation theory has implications for understanding the KAL model for breaking the cycle of urban youth violence.

Violence in America: A Public Health Problem

According to the National Research Council, violence is defined most broadly as "behavior by persons against persons that intentionally threatens, attempts, or actually inflicts physical harm" (p. 35).[1] Homicide is the most serious outcome of interpersonal violence. Most efforts to characterize homicide among persons age 18 or younger have used databases at the national level rather than at the state or local level. During 1993, a total of 26,009 homicides were reported in the United States; 71% were firearm related, and one-third of all homicides occurred among persons ages 15 to 24. In 1991, deaths from suicide and homicide combined were the third leading cause of years of potential life lost before age 65 in the United States. Firearms were used in 61% of all suicides, in 67.8% of all homicides, and in less than 2% of unintentional deaths. Firearm-related death rates increased during the late 1980s, particularly among adolescents and young adults.[2]

Firearm-related homicide is a serious problem among African American adolescents. In 1985, the rate of firearm-related homicide among black males ages 15 to 19 was 37 per 100,000. Among whites of the same age, the rate was 5 per 100,000. By 1993, the rate of firearm-related homicide among white adolescents more than doubled to 12.8 per 100,000, while the rate among black adolescents more than tripled to 131.5 per 100,000.[3]

Firearm-related mortality accounts for almost half of all deaths among African American teens. Results from the 1990 national school-based Youth Risk Behavior Survey indicate that 20% of high school students reported carrying a weapon at least once before taking the survey. Of these, 35% reported carrying a weapon six or more times in the 30 days preceding the survey. Among African American males who carried a weapon, firearms were the most frequent.[4]

The National Crime Victimization Survey results show that residents of central cities have the highest probability of experiencing violent crimes.[5] Fingerhut, Ingram, and Feldman reviewed homicides among 15- to 19-year-olds and found that the rate of firearm-related homicide was 27.7 in core counties (metropolitan counties that contain the primary central city of a Metropolitan Statistical Area with a 1980 population of at least one million residents) compared with a rate of 2.9 in nonmetropolitan counties.[6] This trend was borne out for non-firearm-related homicides as well. Mitchell and Daniels found that one of the risk factors for victimization or perpetration is living within a cluster of four inner-city ZIP code zones.[7] Taylor and Covington reported that social disorganization is a predictor of violence in underclass neighborhoods.[8] An investigation of young

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homicide victims in Illinois identified urban residence as a major correlate of victimization and identified exposure to noxious odors, high temperatures, and high-population density (all of which are associated with urban life) as risk factors for youth violence.[9] In summary, more teenagers in the United States die from gunshot wounds than from all natural causes of disease combined.[2]

Exposure to Violence

The research literature provides sound evidence to support the assumption that being a victim of violence and/or witnessing violence is a significant predictor of youth becoming future victims or perpetrators of assaultive behavior.[10-14] Singer and colleagues investigated the extent to which adolescents were exposed to violence and the association with trauma-related symptoms. In a sample of 3,735 public school students in Grades 9 through 12, the authors found a significant and consistent association between exposure to violence and depression, anger, anxiety, and posttraumatic stress.[15]

In their exploratory study of 536 urban elementary school children, Bell and Jenkins[16] examined the extent to which they witnessed violence and participated in arguments and fighting behavior. According to the authors, 78% reported witnessing a beating, 26% reported that they had witnessed a shooting, and one-third of the sample reported witnessing a stabbing. A correlation was also made between witnessing a shooting or stabbing and fighting between siblings or parents. Bell and Jenkins also reported on data obtained from 1,035 middle and high school students as part of a mental health screening program within the public schools, which examined exposure to violence, victimization, and perpetration. Among these students, more than half had witnessed a robbery, while about three-fourths had witnessed a shooting, stabbing, or killing. Almost half (47%) had been personally victimized. Of those who had been victimized, one-third had started carrying a weapon. The authors recommend that we "recognize and treat the deleterious effects of violence exposure . . . [and] reduce the amount of violence in inner-city communities that is threatening a generation of black youth as victims, co-victims, and perpetrators" (p. 53).[16]

The Origins of Kids Alive and Loved

In 1990, the population of Atlanta was 394,000, with two-thirds of the total being African American. Like other U.S. cities, Atlanta has experienced a growing rate of violence. Between 1980 and 1990, Atlanta's murder rate increased from 47.6 per 100,000 population to 58.6, an increase of 23%. Among major U.S. cities, Atlanta had the third highest murder rate in 1990.[17] From 1986 to 1992, the Georgia Department of Children and Youth Services reported an 87% increase in juvenile violent offenders, with aggravated assault being the most common offense.[18]

Each death and injury from violence disrupts the community and leaves a flood of survivors (parents, siblings, extended family, and friends). Caught in the wake of this violence is a mounting number of children carrying the burdens of anger and grief and suffering the traumatic loss of loved ones. KAL was established as a bridge to these survivors of violence in Atlanta.

KAL was founded by Bernadette Leite after the death of her 17-year-old son. Excerpts from an interview conducted in 1994 describe a process of discovery and her response to the needs of youth exposed to violence.

> I am a mother who has become one of the many people in metropolitan Atlanta that has survived the violent death of a child. On August 14, 1993 at 3:45 a.m., my telephone rang. On the other end of the phone was Mark, an acquaintance of my son Khalil, telling me he had bad news. . . . Khalil had been shot and killed. After delivering the news to each of my two sisters, I had the difficult task of telling my seven year old son and my eighty-three year old mother that Khalil had been murdered. Khalil's death left his brother, two sisters 14 and 15, his father, a grandmother, a grandfather, five aunts, five uncles, tons of cousins, hordes of friends and me . . . all survivors.
>
> His friends were angry . . . hurting . . . in pain, helpless and unable to deal with the tragedy. At the funeral, I had to break up a couple of fights. That day changed my life and in that moment I took my cue to make a difference. I was determined that Khalil's death would be a beacon light of hope for these young people. Kids kept calling my house to talk and cry. Some of their parents would call me and ask for help and advice. To my surprise there were no support groups for youth survivors of violence. . . .
>
> Most of the youth and some of their parents have never been seen by a mental health professional to help them process their grief. Some are depressed, frustrated, scared, angry and filled with a "get even revenge" that puts them at risk of perpetrating a violent act or being a victim of violence. I have seen the violent death of a child push some families over the edge leading to isolation, attempted suicide, abuse of alcohol, drugs, and other high risk behaviors. Many of the males, and particularly the fathers, are completely devastated and broken. I believe that some of these individuals may suffer from Post Traumatic Stress Disorder.
>
> These young people need adults willing to hug them . . . love them . . . adults able to get involved in their lives. As I started speaking out at community forums, I was rewarded by an outpouring of support. In March 1994, seven months after Khalil's death, we took on the name, Kids Alive and Loved, taken from Khalil's initials. In the process, we discovered one possible solution to youth violence. It is for survivors to offer support to youth who are grieving the violent death of multiple friends and/or family members. Survivors have a deep desire to prevent loss of life and to prevent other families from experiencing the pain of death. . . . Some violence prevention programs focus on taking back the streets. We believe that if we take back our kids, the streets will take care of themselves.[19]

The social construction of a "survivor of violence" is a noteworthy concept in her narrative. The concept is not new, but its application to youth in the context of exposure to violence is a novel application of the idea. Survivors are significant individuals in the social network of the victim and include the entire extended family as well as close friends. Presently, the KAL definition of survivor also includes people who have been victimized and/or witnessed the perpetration of violence on another human being.

Her narrative introduces the concept that survivors of violence have a distinctive shared experience on which to build a network of social support. Social support is a well-established theoretical construct in behavioral science.[20] The use of self-help and social support in the practice of public health is not a new idea, but its application to youth exposed to violence is innovative. This social support network of survivors constitutes a community that can be mobilized and trained as credible messengers of violence prevention strategies.[21]

Leite's narrative identifies anger, grief, and bereavement as natural consequences of the violent death of loved ones. She also observes that many of the youth and some family members may suffer from posttraumatic stress disorder (PTSD). It is important to make a distinction between posttraumatic stress (PTS) and PTSD. Posttraumatic stress is a normal response to a traumatic event. Youth suffering from PTS may reexperience the traumatic event and develop problems in their ability to concentrate, process information, and control impulses. When youth experience these symptoms at least 4 weeks after the traumatic event, they are considered to be suffering from PTSD.[22-24]

The consequences of PTSD on urban youth, exposed to multiple traumatic events from violence, have only recently been explored in the public health literature.[25-27] For many youth, the problem is made more complex by the underlying anger and grief. It is important that the grief first be processed as a prerequisite to dealing with the anger and other emotions.

KAL attempts to build the capacity of survivors to normalize the situation and enable them to gain some degree of mastery over their fear of being traumatized. These youth represent an underserved population in need of public health education. The KAL intervention is a public health approach designed specifically to identify, recruit, provide support for bereavement, educate, and empower youth to prevent the development of PTSD. Investigation of indigenous programs such as KAL may contribute to a better understanding of how best to break the cycle of violence among urban youth.

Understanding the Cycle of Violence

This article will describe formative research conducted to develop KAL's conceptual model, link these results to PTS, and describe selected program components. In 1994, KAL became an integral part of the Institute for Minority Health Research in the Department of Behavioral Sciences and Health Education at the Rollins School of Public Health of Emory University. KAL is currently in the formative evaluation stage of program development. By allowing the population of interest to take the lead in generating research questions, investigators are able to conduct evaluation research with the maximum cooperation of participants. In addition, the use of qualitative research methods during the formative evaluation phase provides KAL with valuable information that is used to improve program delivery.

An important first step in the documentation of KAL was to translate observational data, collected through oral histories with Leite and youth participants, into the KAL conceptual model of the cycle of violence. The model has four basic components arranged in a circular pattern (see Figure 1). These four components are similar to the theoretical model described by Pynoos and Nader.[28]

Exposure to Violence Among Core Members of KAL

The Exposure to Community Violence Survey[27,29] was administered in a pilot study of the original core group of 24 African American KAL members. Respondents included 15 males and 9 females from ages 10 to 20, with a mean age of 15.8 (SD = 3.72). We documented that 23 of 24 participants (95%) had lost at least three friends or family members to violence in the 3 years prior to the survey. Over a 3-year period, the number

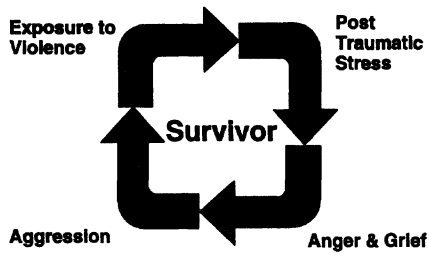

Figure 1. The KAL conceptual model of the cycle of violence.

of friends or family killed ranged from one to six. Approximately 50% had been threatened by someone at least once. Forty-seven percent reported seeing people carry handguns in their community. More than 90% had heard gunfire in or near their homes at least twice.[29] For most of the youth, participation in KAL was the first opportunity to express how violence had affected their lives. A 9-year-old black male stated,

> My brother was shot in the back. My friends, Bridgette and Brittany were bound with duct tape and had their necks slashed and were stabbed to death in their home. . . . I am scared, I might be the next one.[19]

Posttraumatic Stress Disorder

Notably absent from the National Research Council's report on understanding violence[1] is attention to PTSD among youth exposed to violence. Rosenberg and Fenley acknowledge that "PTSD has commonly been identified among adult victims of crimes, with rape specifically acknowledged as a potential precipitant of PTSD" (p. 96).[30] Development of the PTSD concept was described by Trimble.[31] From a historical perspective, the significant change ushered in by the PTSD concept was the stipulation that the etiologic agent was outside the individual (i.e., the traumatic event) rather than an inherent individual weakness (i.e., a traumatic neurosis). The concept of trauma is key to understanding the scientific basis and clinical expression of PTSD. The traumatic event is defined as "one that involves actual or threatened death or injury, or a threat to one's physical integrity . . . exposure to the event can be direct or indirect" (p. 59).[22] Exposure to events such as rape, torture, genocide, and severe war zone stress are experienced as traumatic events by nearly all humans.[32] The criteria used to identify PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* (pp. 58-59)[22] include, but are not limited to, the following:

1. The person has been exposed to a highly traumatic event.
2. The person persistently reexperiences the traumatic event by distressing recollections, dreams, sense of reliving, or psychological or physiological reactions when exposed to cues that may represent the event.
3. The person persistently avoids stimuli associated with the trauma and has a numbing of general responsiveness.
4. The person persistently experiences increased arousal such as changes in sleep, an enhanced startle response, or hypervigilance.

5. Symptoms in criteria 2, 3, and 4 persist for at least 1 month, and the disturbance causes clinically significant distress or impairment in social or occupational functioning.

Based on field observations, KAL participants have experienced multiple traumas, and the vast majority have never been seen by a mental health professional. We therefore have no clinical diagnosis of PTSD. However, it is reasonable to believe that those youth who have experienced the violent death of multiple loved ones and live in neighborhoods where it is common to hear gunfire and witness assaultive behavior are experiencing PTS. These youth are at risk for the development of PTSD.

During his interview, a 9-year-old male described how intrusive recollections, reflected in drawings (see Figure 2), interfered with his ability to focus on schoolwork. He had been reprimanded by a teacher for "daydreaming" in class: "I was thinking about how my brother was killed," he explained. At the time, his teacher did not know he was a survivor of violence.[19]

Anger and Grief

Youth survivors of violence commonly struggle with the issue of faith in a higher power and religious beliefs when they experience the death of a loved one.[18] The narrative of a 15-year-old black female illustrates how her anger was directed toward God:

> [My] brother made me mad and I told him I hated him and I wished he was dead. But then, I prayed to God, I took it back because I didn't mean it. . . . Then my mother told me my brother was DEAD and I was mad at God. That is why I don't believe in God no more.[19]

The death of her brother undermined her sense of security, which may contribute to hopelessness and fatalism. It is also important to note that her anger is a normal emotion and not pathological by definition. Her grief is a normal response to loss and part of the bereavement process. In addition to her brother, she had experienced the murder of four friends over a 12-month period. Youth survivors of violence must identify their feelings, including anger, and address any unresolved grief that may interfere with normal bereavement.

Warner and West[33] describe how symptoms of PTS interfere with normal bereavement, which may lead to aggressiveness, impaired family relationships, and poor school performance. Many youth survivors of violence may need mental health counseling in addition to the support group. Yet, the stigma attached to mental health, lack of insurance, and mistrust of the health care delivery system are significant barriers keeping some KAL participants from accessing needed mental health care services.

Aggression

It is common for some KAL participants to direct their anger toward the person who was killed, in addition to the alleged perpetrator(s). In describing his response to the drive-by shooting of his friend, this 19-year-old black male illustrates the point:

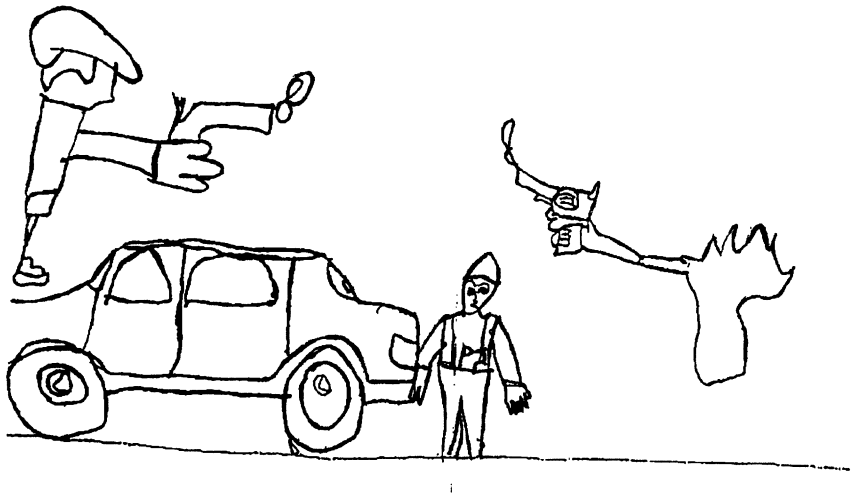

Figure 2. Drawing from a 9-year-old black male.

> I was really mad at Slyck when he died because I feel that it wasn't his time to go. He didn't get to see some of the stuff I've seen because if he was alive he would be doing some of the things that I'm doing. I expressed my feelings by just being rude.[19]

The narrative also illustrates how anger, expressed as rudeness, was used to disengage from other people. During interviews he also described arguments with members of his family and peers who he believed were insensitive to his feelings and did not understand his pain. Since his friend was murdered in the company of associates and the case remains unsolved, encounters with those associates (perceived as perpetrators) in the neighborhood contribute to additional stress and anger. Hypervigilance creates a situation in which minor altercations can escalate into violence, resulting in injury or death. The "get-even revenge" mentality can result in random acts of violence.

THE KAL APPROACH TO BREAKING THE CYCLE OF VIOLENCE

Being a victim of violence and witnessing violence are significant predictors of youth becoming future victims or perpetrators of assaultive behavior.[10,26,34] The KAL intervention focuses on the connection between young people suffering unresolved grief fueled by anger and their increased risk of becoming a victim or perpetrator of violence. Early intervention focusing on traumatic loss, grief, and aggression is a promising strategy for violence prevention. These issues must be addressed before youth are able to put conflict management skills into action. Youth exposed to violence develop coping skills necessary to survive in violent environments. Attempts to introduce new social skills for conflict resolution, without first addressing the underlying traumatic stress, may actually increase anxiety and aggressive behavior.[35] The KAL approach may compliment school and community-based conflict resolution programs (see Figure 3).

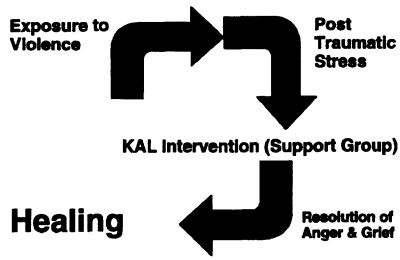

Figure 3. Breaking the cycle of violence.

Objective of the KAL Support Group

The primary objective of KAL is to break the cycle of violence by creating a social context for youth survivors to process their grief, bereavement, anger, and PTS so that they can begin to heal. Since 1993, KAL has maintained a weekly support group for youth survivors of violence. The group meets in a classroom at a hospital in downtown Atlanta. Transportation, a 15-passenger van, is used to bring youth to and from group meetings. Attendance ranges from 10 to 18 with an average of 12 participants. Leite facilitates the support group activities. The group includes youth ages 4 to 22 and is open to family members and friends, including small toddlers and senior citizens. The range of races, ages, genders, and socioeconomic status allows the youth to demonstrate respect for the elderly, care of toddlers, and tolerance for each other. Videotaped recordings of the meetings are made for content analysis.[36]

Process of the KAL Support Group

The facilitator starts by asking everyone to stand, hold hands, and observe "a moment of silence for those who have been murdered." Participants then sit down in a circle and introduce themselves. The circle makes for better interaction and less formality. Each person offers a brief explanation of why he or she is a survivor. After introductions, any member is free to make announcements. There are few expectations regarding the level of participation in the support group. Everyone is welcomed to participate if they choose, with no pressure on those who prefer to sit quietly and listen. Those who do actively participate are asked to do so in a courteous and respectful manner and offer nonjudgmental comments. It is not uncommon for many topics to be introduced by the youth. This approach creates opportunities to discuss problems, dilemmas, and successes. Some sessions continue in this fashion, while others proceed with the facilitator introducing topics and group exercises. The meeting can last from 2 to 3 hours and always ends with food and hugs.

Interpersonal conflict is rare and usually resolved by the facilitator. Personal verbal attacks do occur at times but are not tolerated, and the facilitator intervenes to mediate the conflict when necessary. This is especially true during survivor stress, as youth continue to experience the violent loss of loved ones and during holidays and anniversaries.

Youth enter the support group at different stages of their grief. At first, some youth cannot speak, others cry, and for some an outburst of anger is common. In addition,

environmental cues can trigger survivor stress. Many of the youth still live in the neighborhood where their loved one was killed, and some must walk past the spot where the body fell. Since many of the murders remain unsolved, some participants encounter "alleged" perpetrators on a daily basis.

The TV news can trigger stress, especially when there is a focus on the criminal case or the perpetrator is profiled. However, some experiences may offer vicarious relief to the survivor. For example, KAL participants like TV dramas such as *Rescue 911* because no one dies. Some watch *Law and Order* because it demonstrates justice through the system. Many enjoy movies such as *An Eye for an Eye* because they experience justice through revenge. Understanding the TV and movie viewing preferences of youth survivors of violence may provide insight into how they attempt to gain mastery over their anger and vicariously experience justice.

The leadership of an adult survivor who is able to demonstrate unconditional love, empathy, and compassion is one critical component needed for the success of the KAL intervention model. In addition, the shared experience of being a survivor creates an atmosphere where credibility exists, nurturing takes place, trust is established, and relationships can grow. Those participants who have learned to understand their emotions and have discovered ways to express their feelings often help those who are mute and withdrawn. After training, these natural helpers serve as peer facilitators for the support group and do public presentations.

Selected KAL Support Group Activities

The weekly support group also includes guest speakers such as professionals in stress control, art therapy, law enforcement, medicine, and religion. Art therapy is one strategy used to help participants express how they feel. The drawings of a 9-year-old black male (Figure 2) reflected a common recurrent theme of guns, shooting, a car, and faceless perpetrators. His 17-year-old brother was shot in the back while riding in a car. To this date, the murder remains unsolved. By use of creative writing, reading aloud, rituals, drawing, photography, artistic expressions, role-plays, field trips, and other interactive strategies, participants find ways to express how they feel. Through KAL activities, youth are able to understand their anger, sadness, and the pain that result from traumatic loss of a loved one. In an atmosphere of honesty, trust, and unconditional love, all the youth receive and give support.

In public presentations, KAL participants are able to reach not only peers but also adults who arrive at a more compassionate understanding of violence and its wake. As a result of community forums, workshops, teleconferences, and media coverage, other youth are being referred to KAL by teachers, ministers, health care professionals, and community-based organizations. These referrals help to expand the program beyond the original core group of 24 youth.

Summary of Preliminary Data From Referrals

Preliminary data collected from 58 African American adolescent participants who completed the KAL exposure to violence survey showed that 18 (31%) were female, 35 (60%) were male, and 5 did not respond to the question. Respondent ages ranged from 9 to 19, with a median age of 15 and a mode of 14. On average, each respondent reported

that he or she had experienced the violent death of two loved ones in the 3 years preceding the survey. The number of deaths ranged from 1 to 11 and included both family members and/or close friends.

Ten respondents (17%) reported that they had never seen "someone carrying or holding a gun or knife," while 17 (29%) reported observing this behavior "almost everyday." Twenty-one (36%) respondents reported never seeing "someone else get shot with a gun," while 12 (21%) youth reported seeing this behavior two times.

In response to the question, "how many times have you actually seen a dead person somewhere in the community?" 21 (36%) selected never, while 14 (24%) selected one time, and another 14 (24%) selected three to four times. Finally, 29 (50%) youth reported that they had never "actually seen someone being killed by another person," while another 17 (30%) reported observing this behavior one or more times.

Preliminary Evidence of Program Effectiveness

While summative evaluation data are not yet available, there is preliminary evidence to suggest that the KAL intervention appears successful at the complex task of rebuilding a sense of community. According to Heller,[21] "community as relational" is a mediating structure for society in that it serves to connect individuals to the larger social order while providing for the satisfaction of personal needs through group attachments. In this context, community refers to the social cohesion that develops with close interpersonal ties. Community can develop from a common history, shared common experiences, and include individuals for whom group membership conveys a recognition of common identity and destiny. Among KAL participants, social cohesion is exemplified through expressions of empathy for others, tolerance toward people who are different, and assuming responsibility for maintaining and expanding the KAL support group.

KAL youth participants are able to describe the symptoms of PTS in themselves through oral presentations and written exercises. Examination of the videotapes document the demonstration of anger management skills, the verbalization of grief, and acts of tolerance toward others in the group. Based on reports from the youth and discussions with parents, school personnel, and direct observation, we have confidence in preliminary evidence that the intervention may reduce assaultive behavior, improve school performance, and increase the use of social skills to resolve conflict without violence. For example,

1. Several youth have reported being personally confronted with situations that usually would escalate to a physical fight but did not because they were able to manage their anger better. They attributed their ability to defuse the conflict and prevent a fight to their participation in KAL.
2. Prior to KAL, most of the youth were not involved in any leadership roles at school. Since being involved in KAL, several youth have been selected as peer mediators by classmates.
3. Several youth reported observing interpersonal conflict on its way to assaultive behavior, but they intervened to resolve the conflict without violence. The intervention strategy did not include running to an authority or direct physical intervention. The approach described was consistent with verbal skills demonstrated in the KAL support group.

4. Most youth reported that being in KAL "relieved stress" in their lives.

We do not present these examples as definitive evidence of program effectiveness. However, we do contend that through direct observation of selected youth over a 3-year period, along with examination of written exercises, group discussion, and personal interviews, some KAL youth participants are making progress toward healing their pain with the balm of hope and have rediscovered reasons to go on living. We believe the KAL approach is promising and worthy of further investigation.

IMPLICATIONS FOR THE THEORY AND PRACTICE OF PUBLIC HEALTH EDUCATION

Getting a new idea adopted even when it is obvious, is often very difficult. (p. 1)[37]

Diffusion of Innovation: A Theoretical Framework

Rogers defines innovation as "an idea, practice or object that is perceived as new by an individual or [organization]" (p. xvii).[37] The innovation presents a new means to solve a problem. The extent to which the innovation is superior to established practice is unknown. Consequently, the individual problem solver is motivated to seek information about the innovation and cope with the uncertainty that it creates. Diffusion is "the process by which an innovation is communicated through certain channels over time among members of a social system. It is a special type of communication, in that the messages are concerned with new ideas" (p. 5).[37] Applied to KAL, diffusion of innovation theory provides a sound framework in which to better understand the emergence of a new strategy for solving the problem of violence among youth.

Diffusion of innovation is a social process as well as a technical matter. Historically, diffusion research has been based on a linear model of communication; messages are transferred from a source to a receiver. KAL is more accurately described by a convergence model, where communication is defined as a process in which participants create and share information with one another to reach a mutual understanding. The weekly KAL support group provides a social context for sharing information about the impact of violence in the everyday lives of the youth. The KAL program founder, an innovator, interprets the shared experience of the youth survivors to university partners who, in turn, translate the information into technical models, intervention strategies, and evaluation designs, all of which are shared with youth partners in the collaboration in an effort to reach mutual understanding. This application of diffusion theory allows for indigenous knowledge to be valued as the primary source of information used to adopt or reject the innovation. This is the context in which social change can occur. The spontaneous emergence of KAL, as an innovation indigenous to an urban African American community, has generated interest on the local and national levels. As the program becomes better defined, it may be possible to systematically plan the dissemination of the "new idea" to school systems, community-based enrichment programs for youth, juvenile detention centers, and other facilities in urban communities that are responsible for the care of young people who may be exposed to violence.

Implications for Public Health Education

The origins of interpersonal violence as a public health issue began with the 1985 Surgeon General's Workshop on Violence and Public Health.[38] Public health brings a focus on primary prevention and interventions for survivors of violence. Health educators must take a leadership role in the mobilization of other health professionals, community-based organizations, philanthropies, religious organizations, volunteer groups, and citizens all focused on the plight of youth exposed to violence. The diffusion of innovative public health interventions results from effective demonstrations at the local level. By working with community partners in the design of public health intervention protocols and research questions, we may find solutions already existing within the very populations that experience the greatest burden from violence and its consequences. KAL provides a model for how a violence prevention program can emerge from an African American urban community.

A community-based plan for the eradication of interpersonal violence in urban neighborhoods would begin with, but not be limited to, the following:

1. Determine the number of youth exposed to violence in specific neighborhoods.
2. Determine the extent to which youth exposed to violence are experiencing PTS.
3. Establish weekly support groups in the school and throughout the community for youth survivors of violence.
4. Establish a network of providers (medicine, psychology, social work, education, criminal justice, public health education, health promotion, etc.) who can identify youth traumatized by violence and help address psychosocial issues that may be beyond the scope of a weekly support group.
5. Develop and implement training workshops, for adult survivors of violence and staff in organizations that serve youth, designed to increase knowledge and skill needed to support youth survivors of violence in the healing process.

In the model described here, neighborhood residents, themselves survivors of violence, played a key role in initiating these activities.

Until we address the human suffering that results from exposure to violence, the cycle will continue. It is also clear that solutions to the problem can emerge from a partnership with people living in the communities that experience the toll of violence and its aftermath.

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