

Albert Schweitzer Fellowship Final Report

Background Summary of Issue

Firearm-related violence is the leading cause of death for children and adolescents (ages 1-19) in the United States¹. Nearly 100,000 Americans are injured by a firearm every year, with over 17,000 children 18 years or younger². These statistics do not include a broad spectrum of firearm violence experiences and exposure beyond physical injuries. Individuals can be exposed to indirect and direct forms of community gun violence, including hearing a gunshot, victimization, witnessing gunfire, perpetration, and losing a family/friend to firearm-related injury (Hsu et al., 2020). In addition, gun violence exposure is linked with negative mental, behavioral, and cognitive outcomes among adolescents including depression, anxiety, and post-traumatic stress disorder (PTSD)³⁻⁵. Gun violence victimization is strongly associated with trauma¹⁰. In a literature review, Ranney et al. (2019) found that youth firearm injury is linked to high rates of post-traumatic stress symptoms and other injuries, including self-harm and suicidal thoughts¹³. Exposure to gun violence has been linked to mental health problems among children in Boston, Philadelphia, and Eastern Tennessee¹⁴, rural youth in Ohio¹⁵, and adults in four US cities¹⁶. Further, fatal shootings have increased the usage of antidepressants among local adolescents by 21%¹⁷. Violence and traumatic stress are cyclical; as violence increases in a community, the stress compounds, subsequently increasing violence by the community members¹⁸. A study found that 65% of youth who have been indirectly exposed to community gun violence, such as hearing gunshots or witnessing a shooting, have reported being extremely depressed¹⁹. Gun violence exposure among children and adolescents can affect the chemistry in the brain, impacting cognitive and emotional development and behaviors²⁰. These negative mental health outcomes harm youth during adolescence and persist into adulthood²¹.

Psychological stress and poor mental health can further activate the physiological stress system. In the long run, it can increase the wear and tear on the body, causing differential morbidity outcomes among adolescents exposed to violence. Although gun violence affects all, it primarily affects children and adolescents of color; Black children and teens had the highest gun death rate in 2019 (Centers for Disease Control and Prevention, 2020). While they made up only 14% of all children and teens in 2019, they account for 43% of child and teen gun deaths (Centers for Disease Control and Prevention, 2020).

Extant community-based gun violence reduction models and programs have focused on stopping the transmission of violence in a similar manner to a public health intervention model designed to thwart epidemics (Braga et al., 2001; Hemenway and Miller, 2013). However, there is a dearth of community-based programs that focus explicitly on the traumas of those exposed to gun violence. Addressing trauma caused by gun violence requires multiple tools including cognitive behavioral therapy, acceptance, and commitment therapy, etc. Introducing individuals to mindfulness, meditation, and other techniques to calm physiological responses is also a salient practice. Additionally, many interventions that focus on survivors' mental health and trauma are individual based. There is a lack of interventions focusing on collective/community healing that employs holistic healing modalities like art therapy.

Target Population

The audience of this project were youth who reside and attend school in or near Detroit. Specifically, the intended audience were youth who were part of Detroit Heals Detroit, a non-

profit organization that is youth-led and provides healing circles. Detroit has led the nation as one of the most violent cities; for decades, Detroit has struggled with high levels of violent crime and gun violence which has been compounded by social structural and economic problems. Detroit has a population of 635,000 and a high violence rate.³¹ Its crime rate of 6,389 per 100,000 people makes it 248% more dangerous than the state average.³¹ The chance of becoming the victim of a violent crime is 1 in 44, with 330 murders, 1800 robberies, and 11,565 assaults in 2021.³¹ Gun violence is rampant in Detroit, often attributed to gang activity. Although the city has used various gun violence prevention strategies like the Boston Ceasefire model, no programs have used healing-centered justice to address gun violence prevention. Further, Detroit youth have reported having more gun-related exposures than their suburban counterparts.

The Approach

This project aimed to facilitate healing modalities in line with their mission to create healing-centered engagement. The pilot project employs the practices of healing and restorative justice, providing different healing modalities for youth exposed to violence, particularly gun violence. Because many gun violence offenders and victims alike have exposure to adverse childhood and adolescent experiences and traumas, this project targets the root causes of trauma to promote healing and well-being and reduce gun violence in the community. This project is grounded in the principles of individual, community, and youth empowerment (Wallerstein, 1992; Zimmerman, 2000). To address community healing from trauma and exposure to violence, the project employed a manifold of collective healing modalities within a healing-centered organizing approach: transformative organizing, restorative justice, contemplative practices, and urban youth culture & contemporary culture.

Changes that were Required

While the healing workshops were intended to be hybrid or in-person, my co-facilitator could only meet via Zoom, so the workshops were all remote. In addition, since we only had about 4 participants, the workshops were tailored for a smaller group.

Specific Activities

To address community healing from trauma and exposure to violence, the project employed several healing modalities, including the following:

- **Guided Meditation:** We learned about and practiced different guided meditation activities including guided imagery, body scan, contemplative meditation, and breathing exercises.
- **Journaling:** We provided some journaling prompts and time for freestyle writing. Toward the end, participants were allowed to share what they had written. Example prompts included “What is one way I can help myself be authentic?”, “What am I passionate about, and how do I express that passion?”
- **Spoken Word Poetry (2 sessions):** Natasha took us through how to write spoken word poetry, and participants could write poetry based on prompts and notions about healing that Natasha provided for us.
- **Photography:** Participants were assigned to take photos of things that remind them of the word “healing” throughout the week. We shared the photos, and participants described the senses, descriptions, and reasons behind the photos they took.

- **Healing Circle:** We discussed their experiences with trauma, mental health, and healing. We had reflection questions on trauma, mindfulness, coping & healing, helpful & hurtful, and healing strategies for an open and safe discussion with everyone.
- **Healing Collective magazine:** Participants created the healing collective magazine by putting together the photos they had taken in the photography session.

Accomplishments & Evaluation

While the number of participants was low, the most important factor was what participants could gain from the workshops. These workshops were intended to evaluate participants' attendance, efforts, knowledge, and subjective well-being before and after the program. There were no dropout participants once the sessions started. One of the expectations of being in these workshops was the commitment to attend each session. In the post-survey, participants described that their knowledge on healing modalities and awareness of their psychological and physiological state had increased after the sessions. Participants felt empowered to practice the applications of the sessions to their everyday knowledge. In addition, there was a total of a 4.67 mean increase in the pre-post changes of the Scales of Psychological Well-Being measure.

Impact

- Participants came consistently to each weekly session.
- The participants enjoyed each session as they found it helpful.
- The participants described an increase in their emotional well-being after each session.
- Participants felt empowered knowing that they could utilize the tools on their own.

- All participants discussed practicing the tools learned in the session in their everyday life.
- Participants wanted to expand this pilot program to all adults.

Quotes

- “The healing workshops were great! I enjoy being in that space even though we were virtual. I felt connected with folks that gave me a different point of view on some things. They were very helpful. One day I was extremely tired, and I didn’t want to join, but I’m glad I did because it helped me lift my spirits up and it was a form of self-care.”
- “The healing sessions were very helpful. They were really calming as well. I think it was like a good hour meditation type of thing that was really healing and relaxing.”
- “I liked it a lot. It was really fun and it brought me joy. I’m very happy I was in it.”
- “I am very happy that I made the decision to join these sessions. I feel like it was a form of therapy to be able to express my emotions through poems, pictures, etc. I also feel like especially since it was such a small group that I was able to connect more with everyone and make new friendships.”

Sustainability Plan

We intend to continue the healing sessions beyond the project time frame of the Albert Schweitzer Fellowship. The healing sessions served as a pilot program for a more extensive program; through the pilot program, we learned what participants wanted and what was helpful to them. As the program is coming to a close, we will expand it to make it more accessible in terms of age group and modality. First, the sessions will be open to adolescents and adults alike in Detroit. We will partner with community organizations, including churches, to create in-person healing workshops. Additionally, the participants of our pilot healing sessions described

their desire to make the healing workshops more accessible. In that regard, we are working on a mobile application to digitize the healing workshops. In the mobile application, the users will have access to self-led meditation practices, journaling prompts, a space to upload collages, pictures, and their artwork of healing, and connect with other youth to facilitate healing workshops online.

Recommendation about Serving this Constituency

Since many of the adolescent participants are busy, making the sessions within 1 hour is important. Additionally, given the sensitive nature of the topics we discuss, it's critical to spend time building trust and a safe space for participants to share. We spent most of our time getting to know one another and building norms, expectations, and trust before we discussed in-depth topics regarding their experience with violence and trauma (in the healing circles). Early on, we introduced norms and expectations reiterated throughout each session: youth responded well to compensation. Providing a nominal incentive to attend each session was helpful for retention. Text and email reminders about each session throughout the week were also useful. Last, given that these youth have gone through many positive and negative experiences, it's important to take a strength-based approach rather than a deficit approach. The youth have novel ideas about programs, and they provided tremendous feedback about the program and its next steps to continue the sustainability of the program.

Overall Reflection

This project was a life-changing, formative, and challenging experience. I wanted to create a project that could directly help adolescents who grew up in a difficult home, had exposure to violence and were experiencing mental health problems. However, often immersed in research-settings, I needed to figure out where to start in creating a research-to-practice pipeline to create a project. The Albert Schweitzer Fellowship provided what I needed: connections, inspiration (through the guest speakers), motivation, accountability, and structure. I felt empowered by my peers, but most importantly, by Dennis, who always supported my ideas and challenged me to think big with my ideas. For example, when I desired to create a nonprofit organization but felt too lofty of a goal, Dennis encouraged me to think big and consider making this a nonprofit or a larger project outside of the fellowship. After that, he would send me connections and opportunities to apply for state-level funding. His encouraging acts enabled me to launch this pilot project I created through the Schweitzer fellowship. As a Schweitzer fellow for life, I am excited to continue working toward this project's sustainability plan and future development.

Additionally, the project was challenging both in terms of the incongruencies of my expectations and how the project had been played out. For example, I had initially expected 15 individuals but ended up with only 4 individuals after screening for eligibility. However, this boulder ended up being an advantage; the small group allowed us to have a more intimate dynamic where we could take the time to get to know each other. This was critical in building the trust and rapport of my participants from the healing collective, given that we were discussing sensitive issues.

Last, the project was challenging emotionally given that I myself resonated with many of the participants (which is why I wanted to do the project in the first place). As someone who grew

up in a tumultuous home with a lot of violence, the discussions and activities we had in our healing sessions also challenged me to introspect and do some healing work on myself before being able to fully be there for the participants. While this was challenging, I experienced a lot of inner growth during this process. This inner growth includes being able to acknowledge my traumas, regulating my body using the meditative practices we learned, expressing myself through words and art, and rewiring my thoughts. Knowing this takes a lot of bravery and work, I was even more taken aback by the courage and vulnerability of the participants and Natasha to share their experiences and to even show up to the sessions and be present to work on themselves as a form of taking care of themselves.

For this project, I am sincerely thankful to Dennis, Natasha (co-facilitator), the participants, my peer fellows, and the Albert Schweitzer Fellowship through the Authority Health for providing me with this wonderful, formative experience. This experience gave me growth, new knowledge, and an enhanced sense of gratitude.