

Community Intervention with Jewish Israeli Mothers in Times of Terror

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Summary

The article examines the effectiveness of a community programme designed for Jewish Israeli mothers who have been exposed to terrorism. The aim of the intervention was to empower the women and increase their sense of belonging to the community, and to reduce stress symptoms, mainly by encouraging and facilitating their participation in community activities. Thirty-eight women, all residents of the same terror-ridden community, participated in intensive workshops over a six month period designed to help them to become active in the community. The workshops provided the women with the information and skills required for activity in the community projects in which they were interested. A qualitative evaluation reveals that, at the end of the programme, most of the women reported that they felt better and more secure, and all of the women were participating in at least one activity in the community. The quantitative evaluation revealed lower levels of distress, higher levels of empowerment and no change in the feelings of belonging to the community. The implications of these findings are discussed in light of the persistence of terror and theories of community intervention.

Keywords: community intervention, terror, empowerment, belonging to the community

Introduction

In recent years, acts of terror have become increasingly frequent throughout much of the world (Derezotes, 2002). The 11 September terrorist attacks in United States had an impact on many other countries, as well. Studies of adults in different places reveal similar pictures of heightened anxiety, depression, phobias, a reduced sense of safety, a variety of posttraumatic symptoms and increased use of tobacco, alcohol and drugs for self-medication (Baker and Kevorkian, 1995; Galea *et al.*, 2002; Grgic *et al.*, 2002; Silver *et al.*, 2002; Vlahov *et al.*, 2002; Wunsch-Hitzig *et al.*, 2002).

Fernando and Cheung (2002) indicate that in times of mass terrorism, social workers may need to play a greater role in helping communities deal with the results of terror. Hence, they suggest thinking and acting on the macro as well as on the micro levels. However, most research on reactions to extreme stress has focused on individual responses, even if some empirical studies have been conducted on community-level reactions. At the same time, there is a trend that focuses on individualizing studies and interventions (Hobfoll *et al.*, 1995).

The research described in this paper examined the effectiveness of a community intervention programme designed to help Jewish Israeli mothers at a time of terror. The intervention aimed to empower the women, to enhance their sense of belonging to the community, and to reduce stress symptoms with a view toward improving their sense of security during periods of frequent terror attacks.

Traumatic stress

According to Conservation of Resources Theory (Hobfoll, 1989), individuals strive to obtain, retain and protect resources. Resources are those things which are highly valued by the individual, such as a personal sense of well-being, the well-being of a loved one, feeling trust and a sense of control (Hobfoll, 1991). Psychological stress occurs when resources are lost or threatened, or when a person fails to gain sufficient resources even after investing considerable effort in trying to do so. Stress conditions, such as terror and war, tend to create a more immediate and rapid threat or loss of resources. Accordingly, when a group of people is subject to traumatic stress, a major depletion of resources throughout the social system can be expected (Hobfoll, 1991). All resources that individuals value highly, their loss or decline contribute to the development and persistence of psychological distress (Freedy and Donkervoet, 1995). In order to prevent this effect, such people must obtain other resources.

Enhancing resources has been viewed as one of the major goals of community intervention in general (Bustin, 2002), and this was a central aim of the intervention reported here. Studies show that in times of traumatic stress, two interrelated resources are consistently lost: empowerment (Derezotes, 2002; Herman, 1992) and belonging, or a sense of connection to the community and society.

Empowerment

A review of the literature indicates that empowerment is a multidimensional variable that should be defined broadly, in correspondence with the research population (Zimmerman, 1995). Zimmerman (1990) argues that 'psychological empowerment' is more than just a personality variable. It refers to the ability of individuals to cope, but does not ignore ecological, cultural and structural influences.

Perkins and Zimmerman (1995) define empowerment as 'a process by which people gain control over their lives, democratic participation in the life of their community, and a critical understanding of their environment' (p. 570). In line with the feminist perspective, Bond *et al.* (2000) emphasize that the process of women's empowerment involves gaining control over oneself, others and resources.

In times of stress, those who are empowered do well because they have access to the resources necessary to control their lives and positively affect their environment. Those who lack power, in contrast, have limited access to opportunities to protect themselves or to acquire the resources available to others in the society (Hobfoll and Lilly, 1993).

Sense of community belonging

'Sense of community belonging' is a psychological concept related to the individual's feeling of being part of a collective (Newbrough and Chavis, 1986). Some call this a sense of belonging to the community (Itzhaky, 1995, 1997, 1998; Noam, 1992); others refer to it as a psychological sense of community (Chavis and Wandersman, 1990; Lev-Wiesel, 1998). In any case, the concept involves a sense of mutual concern, connection, community loyalty and trust that one's personal needs will be fulfilled by means of commitment to the group as a whole (Chavis *et al.*, 1986). In some studies, sense of belonging to the community is expressed by respondents' wish to remain in the community and their willingness to recommend their community to their friends as a good place to live (Bavely, 1995; Itzhaky, 1995).

A state of traumatic stress challenges 'sense of belonging'. It has been found that in army units that maintain a high level of solidarity and belonging, the rate of battle shock is lower relative to units with a weaker sense of solidarity (see, e.g. Steiner and Neumann, 1978). In civilian populations exposed to traumatic stress, it has been found that some residents want to leave the community and move to safer locations (Hobfoll and Lilly, 1993).

Only a few studies have dealt with the use of community strategies in working with traumatic situations (Fong and Mokuau, 1994). Three studies published in the 1990s reported the successful adjustment of immigrants as a result of such interventions (Chow, 1999; Itzhaky, 1997; Noam, 1992). The researchers argued that the participation of immigrants in neighbourhood activities,

their empowerment and their sense of belonging to the community contributed significantly to their adjustment.

We have no knowledge of any study or report on women's empowerment and sense of belonging to the community as a result of community intervention in times of terror. The present research evaluated group work with Jewish mothers living in Israel who were experiencing and coping with the terrorism that has afflicted the country for the last few years. The mothers who participated in the group expressed their distress to community social workers, who subsequently developed a community-based programme to enhance the women's empowerment and sense of belonging to the community, thereby reducing their psychological distress.

Method

The intervention programme

Over the five years since the beginning of the Palestinian Intifada in late September 2000, Israeli and Palestinian societies have suffered substantial losses. In Israeli society, both Jews and Arabs have faced a continuous wave of murderous terrorism. Civilians of all ages, ethnicities and walks of life have been killed or injured in stabbings or shootings, drive-by shootings, intrusions into their homes and, most prominently, suicide bombings.

Although all citizens of Israel, both Arabs and Jews, have been exposed to terror, some regions are more vulnerable than others. This study focuses on Jewish women in one such community. The intensive rate of terror attacks in Israel, in general, and in their community, in particular, caused many of the women to feel helpless and lose confidence in their ability to function as mothers. They complained of tension, fear, anxiety, low moods, depression, frustration and a feeling that they wanted things to be different. The purpose of the programme was to teach the women how to cope with the terror and how to help their children.

The assumption was that increasing the women's sense of empowerment would enhance their ability to cope with the terrorism. Specifically, the programme developers believed that increasing the women's involvement in the community in various activities that helped them cope with the threat of terror and enhance the security of their children would reduce their distress.

Following this reasoning, and on the basis of experience in Israel, the intervention method chosen was involvement in community activities—an approach that has been found to increase empowerment in the past (Itzhaky, 1997; Itzhaky and York, 2002; Noam, 1992). The inter-disciplinary team which set up the programme included professionals from various areas such as social and educational services and two lay representatives of the women.

The team built a programme to support the empowerment process, based on the approach applied in the *Listening Partners* programme (Bond *et al.*, 2000), which is grounded in community-based intervention and feminist principles.

Listening Partners concentrated on the development of leadership among young mothers in an isolated rural community. Using community intervention and a feminist strengths-oriented perspective, the women became more empowered, gained leadership positions and went through major changes in their lives. Similarly, the current intervention was based on developmental and educational literature. The analysis of this literature led to an emphasis on small-group discussions, whose aim was fostering growth, teaching skills and providing opportunities to build knowledge in collaboration with others (Belenky *et al.*, 1997; Goldberger *et al.*, 1996).

Intensive six-month workshops were set up to help the women become active in the community. The workshops provided the women with information and skills relevant to the community projects in which they wanted to be involved. They covered such topics as communication, group and committee dynamics, community organization, coping with terrorism, parenting in times of stress, parent-child relations, budgeting, planning, activists' responsibilities and social policy.

At the same time, committees and task forces were set up which dealt with issues raised by the women. This gave them the opportunity for 'hands-on' communal activities such as setting goals, planning strategies and taking part in implementation. Any woman who was interested in a particular issue was invited to join a committee. The underlying purpose was to create activities suitable to the needs and interests of these women, and based on their initiative. Accordingly, the women participated in planning and implementing the projects.

Participants

The participants in the programme were thirty-eight Jewish women who live in a terror-ridden middle town in Israel. They were all mothers of young children (ages from birth to thirteen). Most of the women (twenty-five) were twenty-two to thirty years old, and the others (twelve) were aged thirty-one to forty. Only one woman was over forty. The majority were married (thirty-six) and Israeli-born (thirty-five). Most (twenty-three) had a high-school education; the others (fifteen) were university graduates. They worked in diverse occupations, in welfare and education (seven), clerical jobs (eleven), liberal professions (ten) and homemaking (ten).

As mentioned, the town in which they resided had been the target of several terror attacks. All the women had been exposed to terror, either personally (eight), through a relative (fifteen) or through a neighbour (fifteen). Some reported that they were afraid to leave their homes, to travel with the entire family in a single vehicle or to send their children to pre-school, school or after-school activities. As far as we know, during the community intervention, none of the women received any other treatment in the form of counselling or medication.

Procedure

Data for the current research were collected using both quantitative and qualitative techniques. Quantitative data were collected at three points of time: at the first meeting of the workshop, at the last meeting of the workshop, and in individual follow-up sessions five months after the workshop ended. The qualitative data were based on audio recordings of all the workshop sessions, as well as summaries prepared by the community social worker who led the workshops. Upon joining the groups, the women gave their informed consent for the community social worker to collect the data, contact them later for the follow-up phase and use the data for research purposes. The study included only an intervention group, and there was no control group.

Measures

Distress

The level of the mothers' distress was measured by the Brief Psychiatric Symptom (BSI-53) questionnaire, which examines the appearance of fifty-three psychiatric symptoms during the two weeks preceding the assessment (Derogatis and Melisaratos, 1983). Respondents were asked to indicate how frequently they had experienced each symptom during the previous two weeks, on a five-point scale, ranging from 1 (not at all) to 5 (often). The BSI-53 has been employed extensively with Israeli samples (Ben-Zur, 2001; Mirsky, 2001). The Global Severity Index (GSI), which identifies the overall severity of psychiatric symptomatology, was used as the measure of distress. The Cronbach's alpha for the current study was 0.91.

Sense of community belonging

The women's sense of community belonging was measured on the scale developed by Bavely (1995) and previously applied by Itzhaky (1995). The scale contains nine items in three interrelated categories: five questions on belonging to the community (e.g. pride in living there), two questions on children's education in the community (e.g. level of satisfaction with children's schooling) and two questions on the respondent's future in the community (e.g. intention to remain living there). Bavely's Cronbach's alpha was 0.89; the general Cronbach's alpha in this study was 0.87.

Empowerment

Empowerment was assessed on a seven-item adaptation of Zimmerman *et al.* (1992) designed to measure the respondent's sense of control over personal

and community decisions. Examples of items in the scale included having control over decisions in life, satisfaction with the amount of control over decisions in life, influencing decisions that affect the community and residents influencing community decisions by working together. Respondents were asked to indicate their level of agreement with each of the items, on a five-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Zimmerman *et al.* (1992) reported a Cronbach's alpha of 0.68 for reliability; in this study, the Cronbach's alpha was 0.78.

Findings

Qualitative analysis

The interviews with the participants indicate favourable programme outcomes from the time of the first measurement (a week after the programme began) to the time of the second measurement (six months later). Most of the women (twenty-five) reported that they felt better and more secure. This is particularly significant in light of the absence of change in the security situation in Israel, and the continuation of terror attacks in their town.

At the end of the programme, all the women were participating in at least one activity in the community. Most (thirty-five) were involved in community committees (e.g. kindergarten and school PTAs, the community centre and neighbourhood subcommittees). The majority (twenty-six) were involved in committees that helped to deal with terrorism in the community, through activities such as organizing volunteers, transporting the wounded and assisting families of victims. Together, the women created action teams to guard the schools, pre-schools and youth movement clubs that their children attended.

Three of the women joined the Neighborhood Committee and participated in making decisions about the overall community. Two women became members of the Community Security Committee, which, until then, had comprised men only. Other women volunteered for additional activities in the town, such as sitting by the phone in case of a terror incident and/or organizing a first-aid class.

They all learned how to use weapons if necessary and some (sixteen) had become involved in political activities that they believed would prevent future terrorism. Thus, these women, who had never taken any role in community or public activities before, found themselves making policy and decisions in concert with professional service workers.

The community social worker's summary reports indicated some by-products of the intervention. Specifically, it seems to have enhanced the women's status in their families, improved their relationships with their children, helped them become more independent and insistent on their rights and had taught them how to function in the case of a terror attack.

Most of the women (thirty-one) reported at a group session that they were still anxious about their fate, and particularly that of their children, but they felt that the anxiety no longer paralyzed them. One of them said:

When I see the guards at the school and I know that my friends were the ones who chose the protection agency and supervise it, I feel more secure, even though rationally, I know that a terror attack is still possible.

When the group leader asked whether other women felt the same way, they all said that their involvement in coping with terrorism for the sake of their families and the entire community had helped them feel less isolated, less stressed and more secure, even though they knew that they were still vulnerable to terrorism, both in the vicinity of their homes and on the way to and from work.

Quantitative analysis

In order to examine whether this community intervention had succeeded in empowering the women, enhancing their sense of belonging to the community and reducing their symptoms, one-way analysis of variance was used to compare the participants' responses at the three points of time. The means, standard deviations and results regarding the three measurements are presented in Table 1.

Table 1 reveals significant differences over time with regard to two measures, empowerment and symptoms. However, contrary to expectations, although all of the women were participating in at least one community activity at the end of the programme, no significant changes were found in their sense of belonging to the community.

In order to identify the source of the differences regarding empowerment and symptoms, we performed comparative pair analysis using the Newman Klaus test. With regard to empowerment, a difference was found between the first measurement and the other two. In other words, the sense of empowerment rose during the workshop and the follow-up period.

Significant differences were found between all three measurements regarding symptoms. A decline in symptoms is indicated between the first and second measurements; an increase is shown between the end of the intervention and the follow-up measurement. In order to examine the possibility of a differential

Table 1 Effect of the intervention on research variables (*N* = 38)

	Prior to intervention		Immediately after intervention		Follow-up		<i>p</i>
	M	SD	M	SD	M	SD	
Symptoms	4.68	0.58	4.25	0.81	4.49	0.67	<i>p</i> < 0.05
Empowerment	2.87	0.57	3.11	0.79	3.29	0.61	<i>p</i> < 0.05
Community belonging	2.05	0.41	2.09	0.79	2.17	0.57	<i>p</i> > 0.05

Note: M = mean; SD = standard deviation; *p* = significance. Scales range from 1 to 5 in symptoms and empowerment and 1 to 4 in community belonging.

Table 2 Interaction between time of measurement and symptoms

Symptoms	Prior to intervention		Immediately after intervention		Follow-up	
	M	SD	M	SD	M	SD
High	5.8	0.53	4.5	0.49	5.3	0.61
Medium	4.9	0.51	4.5	0.53	4.6	0.54
Low	3.8	0.39	3.5	0.73	3.9	0.56

Note: M = mean; SD = standard deviation.

effect of the intervention on women with different initial levels of symptoms, we divided the participants into three groups of a third each, according to their respective level of symptoms (high, medium, low) as expressed in the first measurement, and performed an analysis of variance with repeated measures (level of symptoms x time). This analysis revealed significant interaction of the symptoms, as illustrated in Table 2.

Table 2 shows that among the women with an initial high, medium or low-level of symptoms, the distress declined during the workshop period and the period of community activity, and increased slightly during the follow-up period. The greatest decline was among the women with a high level of symptoms, although even after the decline, their level of symptoms was still the highest.

Discussion

A review of the relevant literature on treating victims of traumatic events suggests a variety of effective methods, such as drug therapy (Marshall *et al.*, 2001), cognitive therapy (Foa *et al.*, 1995), EMDR (Shapiro, 1989) and debriefing (Kaplan *et al.*, 2001). Only a few sources describe community intervention for people who have experienced traumatic incidents (Itzhaky and York, 2001, 2002).

The current article presents an intervention that aimed to reduce distress and encourage the active involvement of women in their community. The underlying assumption was that in prolonged periods of terrorism, women lose some of their resources and intervention is necessary to help them maintain their remaining resources and acquire additional ones (Hobfoll and Lilly, 1993).

The programme garnered much of its power from its roots in the values, goals, theory and methods of feminism and community-based intervention. It focused on the creation of new potential sources of power, and specifically empowerment, which is a major priority for both feminists and community-based interventionists (Bond *et al.*, 2000; Perkins and Zimmerman, 1995), and which is also perceived as a core resource in coping with stress situations, according to resource conservation theory (Hobfoll, 1991).

For the purpose of evaluating the programme, both quantitative and qualitative methods were employed. Based on the qualitative reports, the outcomes of the programme were favourable. Most of the women reported that they felt better and more secure. This is particularly salient in light of the absence of a change in the security situation in Israel, and the continued incidence of terror attacks in their town.

At the end of the programme, all the women were participating in at least one activity in the community. Most of them took part in community projects related to security, especially the security of their children. A recent study of mothers coping with terror reveals that one of their central concerns is the physical protection and guarding of their children's lives (Dekel, 2004). Perhaps the women's involvement and participation in these specific projects helped them feel more secure.

The findings of the quantitative analysis portray a more complex situation with regard to the women's distress. While a decline in the level of distress was indicated among most of the women immediately after the programme, the later follow-up revealed variance. The distress of all the women had increased, and those who had initially demonstrated a relatively high level of distress now continued to express more distress than the others.

Nevertheless, the overview from this study is one of reducing stress levels immediately following the intervention. Apparently, the combination of several intervention approaches, including interpersonal support among the women themselves, as well as a transition from the passive to the active side of ensuring community security, helped moderate their distress.

However, although the group provided temporary relief, after it ended, the women once again experienced severe psychological distress. Perhaps the programme was too short for the women with high levels of distress, who required longer intervention, compared with the others, in order to relieve this distress. In addition, it is possible that the programme had only limited and brief efficacy with regard to levels of distress.

Another possible explanation for the increased level of distress after the programme is that it was not the women's inner sense of distress that had changed, but only the permission to report it. During the programme, the sense of distress was processed, and thus reduced; after the programme, the women continued to speak about their feelings of distress, without professional intervention. Thus, it is possible that participation in the programme caused an easing of the women's defences, enabling more disclosure and reporting of distress. This explanation is supported by a study of combat soldiers who underwent therapy for post-traumatic stress. At the end of the therapy, the soldiers reported more severe post-traumatic stress, both in comparison with the control group, which did not participate in the therapy, and in comparison with their own reports of distress at the beginning of therapy (Spiro *et al.*, 1989). Another possible explanation is that the support and intervention ended, but the security situation in the area did not improve, so that without professional intervention, the level of distress rose again. This

indicates that the efficacy of the project was limited, and that it is necessary to continue developing ways of preserving the change as well as additional ways of helping these people.

In addition, the findings indicate that the participants' sense of empowerment increased. This corroborates the results of previous research on successful interventions in the community (Bond *et al.*, 2000; Chow, 1999; Itzhaky, 1998; Itzhaky and York, 2002; Noam, 1992). All claim that community intervention contributes to the personal empowerment of clients who have experienced traumatic events. The findings of the present research also support the feminist thesis that, as in a mixed-gender population, women can be empowered, become involved in community activities and become leaders (Bond *et al.*, 2000).

The findings indicate that the women's sense of community belonging remained unchanged. This result is difficult to explain, especially considering that one of the main goals of the programme was to increase the women's sense of belonging, and that all of the women participated in at least one activity in the community. A possible explanation may be derived from Maslow's (1968) needs theory, which holds that people consider their environment in terms of a hierarchy of needs. In this order of importance, the need for shelter and security is fundamental and primary. For the current research participants, who were exposed to terrorism and feared for their lives and those of their loved ones, the need to belong to the community may not have been a priority. This explanation is supported by Lev-Wiesel's (1998) finding that respondents in situations of stress reported a very low level of sense of community belonging. Moreover, the findings indicate that participation in community activities may not be enough of an incentive to increase community belonging. Perhaps the threat to life which accompanied this specific community made it difficult for them to feel part of the community and to express a stronger disposition to remain in that community.

Not all the changes reported here are necessarily direct results of the community programme, but most of them seem to be related in some way to what the community social workers did. The programme combined theoretical learning and practising skills in committees. Each woman studied in workshops and was trained, with supervision, to be an active member of a community committee. The workshops provided the women with information and skills that were appropriate to the projects in which they were involved and to their lives in general. The success was dependent upon a long-term process, including close and regular contact between the community social workers and the women.

Undoubtedly, there were other external forces in the community and in the women's families that could have accounted for differences as well, but the authors had difficulty identifying them. It is suggested that future studies should examine and identify any such external forces, possibly by using control or comparison groups.

Practical implications

The implications for future work in the field are considerable. We implemented this programme among one group of Jewish women. We believe that the programme and its components should be offered and adapted to women who are exposed to the threat of terror in other communities in Israel and elsewhere, while recognizing that the efficacy of such interventions is limited and usually persists for a short time.

In addition to providing them with information and skills for coping better with life in general and with terrorism in particular, workshops should encourage participation and functioning in community activities, through professional supervision and training. It is recommended that the supervision continues after the end of the workshop, during the women's involvement in the community activities, in order to prevent a renewed increase of distress. In the context of persistent terrorism, and in light of the finding that levels of emotional stress increased again after the intervention, it is clear that the efficacy of the intervention was limited. Nonetheless, this activity is only one method that therapists can employ to mitigate the suffering that people of all nationalities and ethnic groups experience as a result of exposure to terror.

The findings support the view that community intervention is still a viable and important method of work for community workers and other human service providers in threatened communities. If Bond *et al.* (2000) are correct (and we think they are) in emphasizing the need to integrate both feminist and community psychology perspectives in interventions with women, then the experience reported here may be valuable to practitioners in the field.

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