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## **Adolescent and Young Adult Gun Violence in Baltimore, Maryland**

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Adolescent and Young Adult Gun Violence in Baltimore, Maryland

COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

**Social Change Portfolio**

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## OVERVIEW

**Keywords:** Adolescent Gun Violence, ACES, Baltimore Maryland, Trauma, violence interruption, social norms, identity, stigma.

### Adolescent and Young Adult Gun Violence in Baltimore, Maryland

**Goal Statement:** The goal of this social change portfolio is to raise awareness of the factors that contribute to adolescent gun violence in low socioeconomic communities by developing strategies on the grassroots level.

**Significant Findings:** Gun violence is the leading cause of death for African Americans aged 15 to 24 (American Public Health Association, 2020). The crude rate of gun violence in Maryland is higher than the national average (CDC, 2024b). Growing up in a neighborhood where violence is prevalent leads individuals to engage in more risky behavior (Maroufi, 1999; Milam et al., 2016).

### Objectives/Strategies/Interventions/Next Steps:

Increase awareness of how gun violence in underserved communities perpetuates a vicious cycle. Challenge community norms through the theory of planned behavior to promote resiliency and stand up to violent behavior. Work with community programs to develop skills like conflict resolution to cope with distress and connection with community mental health to begin treating trauma and ACES, partnering with Safe Streets intervention efforts to connect 12 to 24 year olds with mental health therapy. Engage the community with prevention programs to identify causes of violence and allow them to be part of the solution.

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## INTRODUCTION

### Adolescent and Young Adult Gun Violence in Baltimore, Maryland

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Gun Violence can be considered a public health emergency and even a pandemic in the United States. When considering the age of both victims and perpetrators of gun violence, it has become common to see both adolescents and young adults involved in violent firearms incidents. As a clinical mental health counselor, it is essential to identify ways that I can be of assistance to communities in need; through both advocacy and providing services, I hope to be a vehicle of change for communities suffering from the effects of gun violence. This portfolio aims to identify steps I can take as a counselor to support communities in need and provide resources to help the community not only heal but learn skills to break the cycle of gun violence.

## PART 1: SCOPE AND CONSEQUENCES

### Adolescent and Young Adult Gun Violence in Baltimore, Maryland

Adolescent and young adult gun violence is a popular topic discussed internationally. While a large part of this discussion focuses on the tragedy of school shootings, youth can be both perpetrators and victims of gun violence in their communities. In Maryland, firearm deaths of African American individuals aged 12 to 24 increased from 92 fatal incidents to 147 fatal incidents between 2010 and 2020 (CDC, 2024b). These numbers are a growing concern for members of this age group, their families, and their communities. The crude rate national average for 2010 was 20.38%, which grew to 37.76% in 2020 (CDC, 2024b). The 2010 crude rate in Maryland was 25.52, and 43.15 in 2020 (CDC, 2024b). These numbers show that Maryland has remained above the national average over the decade.

Most of the neighborhoods affected by frequent gun violence are of lower socioeconomic standing (Gurrera & Smith, 2005). These neighborhoods are affected by exposure to violence, which can lead to trauma. Many community members have either witnessed gun violence, are related to a victim of violence, were a victim of gun violence, or were a perpetrator. With a lack of support and resources, many community members make attempts to cope with trauma on their own. This can lead to substance misuse, criminal activity, and other risky behaviors, which can complicate past trauma. SAMSHA (2014) identifies the physical effects of trauma as specific issues with sleep interruption, issues with the gastrointestinal system, and issues with the heart, amongst other medical conditions. From a societal perspective, adolescents who grow up in environments where violence can be normalized increase the likelihood of risky behavior and continuing the cycle of violence (Maroufi, 1999; Milam et al., 2016). As a clinical mental health counselor, providing services to these communities can help members feel heard and learn life skills to cope with both stress and trauma in a healthy way. Additionally, with professional support, community members can identify the consequences of risky behaviors and develop life skills to increase the quality of life.

## **PART 2: SOCIAL-ECOLOGICAL MODEL**

### **Adolescent and Young Adult Gun Violence in Baltimore, Maryland**

#### **Risk Factors**

From an individual perspective, the adolescent is working to develop their identity. Edberg (2020) identifies how, while creating a self-concept, the individual can associate risk behaviors with an internal identity. These types of experiences can not only shape beliefs but also influence identity development. The individual may look to find an identity that elicits positive feedback from others. Edberg (2020) describes how

individuals who do not feel they can reach an ideal self-image may turn to higher-risk behaviors supported in a social context. This can lead to an individual further associating risk with positive outcomes based on observation. Adolescents also face risks of peers engaging in violence, losing friends or family to gun violence, or feeling peer pressure to conform to accepting high-risk behaviors. Additionally, optimistic projections such as doing well in school or getting a job that provides socio-economic mobility may be looked down on in communities with higher poverty levels as they can be seen as not obtainable (Edberg, 2020).

Maroufi (1999) and Milam et al. (2016) describe urban youth attitudes toward carrying a gun for protection in high-crime areas, in addition to the need to respond to threats as a means of addressing disrespect with lethal force. This norm within the community can pressure youth to be prepared to respond to threats without question. Maintaining this norm increases the risk of being both a perpetrator and victim of gun violence. Jones et al. (2023) described a link between children exposed to harm and being more prone to experience victimization as they enter adolescence, creating a need to carry a gun for protection. Within an adolescent's community, there is a risk of being around criminal activity, abandoned buildings helping to facilitate criminal activity. Dobbs et al. (2023) identify that communities that face the most significant risk of gun violence have a higher number of vacant or underdeveloped lots, which are unusable for the community and foster a space for criminal activity.

Living in an environment where gun violence is prevalent also increases youth exposure to trauma. Rajan et al. (2021) identifies that youth who see a friend or family member harmed by a gun within the last two years have a higher risk of displaying symptoms of trauma. Adverse Childhood Experiences (ACEs) are events a young person

experience that have lasting effects on their development and well-being. In a lower socio-economic environment, children face an increased risk of trauma, not only because of potential criminal activity in their neighborhood but also because there may be an increased risk of food insecurity, lack of living environment stability, risk of parent or family separation because of incarceration, and also family substance use which negatively impacts the family. These risk factors can increase the likelihood of ACEs (CDC, 2024a).

Understanding that oppression and stigma play a role in self-worth is vital. From a societal perspective, the risks of adolescent gun violence are increased stigma and increased segregation of low socio-economic/ high crime areas. The school-to-prison pipeline must also be considered. Payne and Welch (2015) found that with a higher percentage of African American students' schools often do not utilize interventions such as school conferences, peer mediation, or community services and instead utilize a punishment-based model. Further, this type of action creates mistrust based on stigma and increasing isolation from others because of suspension or expulsion.

Over the years, redlining has created unfair living conditions for minorities. Several of the neighborhoods in Baltimore with the highest crime rates were those directly affected by redlining. Redeveloped areas often become areas of gentrification, pushing former residents out of the updated neighborhoods because of the cost of living. Dobbs et al. (2023) warn of the risk of using new green spaces as a springboard for gentrification, identifying the effects in New York and Atlanta.

### **Protective Factors**



The most individualistic protective factor is the development of resiliency to overcome obstacles. While other ethnicities live in low socio-economic areas of Baltimore, African Americans make up the majority. Ridley and Case (2006) describe the third state of Cross's racial identity model of African Americans as involving immersion in their own culture and making it the ideal. During this time of identity development, the adolescent can develop resiliency as a protective factor based on their cultural identity. Resiliency can be seen as overcoming challenges, further supported by solid identification with ethnicity and culture. In the African American Community, the family structure integrates extended family, allowing for increased support and further cultivation of healthy relationships.

Implementation of programs focused on providing treatment to reduce harm from violence exposure can provide individuals a chance to process their experience, develop coping skills, and manage distress, allowing the individual to learn to live with past trauma (David-Ferdon, 2016). Moreover, David-Ferdon et al. (2016) specifically identify trauma-focused cognitive behavior therapy as a valuable modality to cope with exposure to community violence. An additional protective factor to support trauma is for the community to come together not to tolerate violence and improve connectivity with one another (CDC, 2024a). Having available support to provide treatment and strengthen community relationships helps support individuals who experience ACEs.

School, religious, or other community engagement is a community-level protective factor. David-Ferdon et al. (2016) identified how focusing on universal school-based programs allows adolescents to improve communication and academic proficiency while developing problem-solving skills. This can be beneficial to both de-escalate conflict and provide the belief that one can manage one's behavior. David-

Ferdon et al. (2016) identified how both mentorship and after-school programs can lower the frequency of both perpetrating and being the victim of violence, reduce gang activity, and reduce involvement with drug dealing. Each of these activities are high-risk, and connecting adolescents with positive activities is a tremendous protective factor.

David-Ferdon et al. (2016) identify steps such as improving physical and social environments and lowering the risk of exposure on a community level as helpful interventions. Dobbs et al. (2023) found that creating green spaces in Philadelphia in areas that were once abandoned reduced gun violence and created a positive economic impact. Additionally, it was identified that green spaces reduce stress and can improve the overall mental health of community residents. This could create a protective factor for a healthier environment and strengthen the community. A commitment from city governments to invest in underserved communities can become a tremendous protective factor as the focus is on the current residents and improving their quality of life. Dobbs et al. (2023) describe how implementing an anti-gentrification policy can combat this phenomenon by focusing on affordable housing and workforce skill development.

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## PART 3: THEORIES OF PREVENTION

### Adolescent and Young Adult Gun Violence in Baltimore, Maryland

When working to address gun violence among individuals aged 12 to 24, it is crucial to identify evidence-based practices to develop a prevention program. The Theory of Planned Behavior (TPB) utilizes an evidence-based approach, which would be

beneficial to address several underlying factors that contribute to gun violence. The theory works to understand individual attitudes and observations and works to change behavior. A prevention program can focus on first understanding beliefs and norms and then implementing change protocol, which can change behavior.

The TPD first focuses on behavioral beliefs and outcomes, creating attitudes toward behavior. In the example of experiencing trauma in a community that has a prevalence of gun violence, one's own beliefs about therapy or speaking about lived trauma would interact with observations of others who have attempted therapy, creating one's attitude towards therapy. An individual's community may affect their normative beliefs as to what someone of that culture or ethnicity should do to treat trauma (National Cancer Institute, 2005). The individual's motivation to comply with norms works with their beliefs to create a subjective norm, which the National Cancer Institute (2005) defines as if people the individual value approve or disapprove of the behavior. If there is a strong belief by those around the individual that talking to a therapist or counselor is unnecessary, and the individual is instead encouraged to utilize friends, family, and community members to deal with problems, the subjective norm would dictate that therapy is unnecessary.

The last area of influence is control beliefs, defined as behavior intention being influenced by things they feel are out of their control. In addition to this consideration, one's perceived power, or how much control the person believes they must overcome uncontrollable factors, influences perceived behavioral control, which can be understood as the way the individual perceives the ability to overcome uncontrollable factors (National Cancer Institute, 2005). An example of uncontrollable factors would be lower socioeconomic status, racism, lack of resources, or lack of educational

opportunities, creating an environment where the individual may feel they cannot follow through with their behavior intention.

The Baltimore Safe Streets organization uses elements of this theory, which utilizes volunteers to provide intervention and perform outreach with youth in neighborhoods. Milam et al. (2016) describe how violence prevention interventions such as having youth visit a hospital, learn more about the risks of gun violence, and engage in discussion about violence with police officers lowered scores on an assessment of beliefs about aggressive behavior. Within this program, Milam et al. (2016) also identify how the Safe Streets organization utilizes conflict intervention and focuses on re-shaping norms about how the use of guns to settle conflict is accepted with a goal to lower the risk of gun violence. In their survey study, Milam et al. (2016) also found that intervention improved attitudes about using conflict resolution. From this research, they may be relying on a similar theory.

Another program that could help address this issue is Cognitive-Behavioral Intervention for Trauma in Schools (CBITS), which is evidence-based. This program utilizes school-based counseling intervention through a ten-session curriculum to process and teach skills to cope with stress and trauma. The study focused on Latino middle school students in Los Angeles, the majority of whom were from low socio-economic neighborhoods (Stein et al., 2011). This program provides the advantage of working with younger students to begin introducing the value of therapy in treating trauma symptoms. While treatment differs from prevention, helping younger students develop these skills can have a ripple effect as they move into high school and adulthood. Stein et al. (2011) found improvements at the three-month mark with lower

trauma symptoms. Utilizing a group format could also help foster stronger peer relationships and change attitudes about accepting therapy.

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Adolescent and Young Adult Gun Violence in Baltimore, Maryland**

#### **Unique Impact of Gun Violence on African American Youth**

Gurrera and Smith (2005) found that higher levels of disadvantage increase the likelihood of gun violence whether ethnic minorities were present in the community or not. This data gives pause to consider a deeper underlying issue related to disadvantaged communities, specifically if low socio-economic status has a more significant impact on the prevalence of gun violence in the community. American Public Health Association (2020) identifies gun violence as the leading cause of death for African American individuals aged 15 to 24, while being the second leading cause of death for Hispanic youth and the fourth leading cause of death for non-Hispanic youth. The American Public Health Association (2020) study also agreed with Gurrera and Smith (2005), identifying individuals who live in a low socio-economic community are also at a higher risk of being the victim of gun violence. In Baltimore, there are higher levels of gun violence in lower socio-economic neighborhoods, which are often the majority African American or Hispanic, aligning with the health data.

Within the African American community, there are unique challenges the youth face, including lack of resources, lack of access to education, a lack of development of social skills, difficulty with meeting educational or vocational goals, and difficulty in development of a positive identity (Gurrera & Smith, 2005). Moreover, a lack of access

to quality education can affect belief in achieving goals. Additionally, Gurrera and Smith (2005) identify a lack of social resources, which typically would help youth gain skills and information, allowing them to meet goals. While these challenges are often present in lower socio-economic communities without considering ethnicity, there is also the factor of youth wanting to model behavior on observation, leaving the youth to feel pressured to meet cultural norms (Milam et al., 2016).

### **Cultural Relevant Prevention Strategies**

In considering effective prevention strategies, it is essential to develop strategies that are not only culturally relevant but focused on the population that needs them most. Reiss and Price (1996) from Reece and Vera (2007) discuss the need to identify program participants through each stage, including planning the prevention program, developing interventions, implementing them, and reviewing the program's effectiveness. A culturally relevant program would start by engaging the community to define the problem areas that lead to gun violence. Understanding the community experience will build trust and provide a clearly defined format to build the prevention program. This step will identify stakeholders, including at-risk youth, family members, and community members. One of the development portion's goals is to use surveying to identify which steps the community feels are most urgent. This process would include integrating the community schools, developing public spaces, or engaging with mentorship. Each of these steps will help address the unique challenges the community faces.

During the development of interventions, the community will also play a significant role in defining what progress looks like and what steps have either worked

in the past or been ineffective. Understanding the experience of the community and receiving feedback can help craft impactful interventions (Price, 1996; Reece & Vera, 2007). For example, the community may not feel that bringing outsiders in would be beneficial. Alang (2019) describes observations from focus groups where members shared how individuals who experienced forms of oppression in everyday life resisted engagement in mental health care to avoid another oppressive system that could be used against them. Having community members function as positive mentors could be more impactful and help cultivate strong relationships. While theory will play a role, it will be necessary for the prevention program to be open-minded to these community needs. Lastly, having the participants provide feedback on the effectiveness of interventions will allow for further development.

### **Ethical Considerations**

The prevention program must primarily be mindful of multicultural and diversity considerations, as stated in ACA code B.1.a (2014) describes this as a counselor being mindful of cultural meanings through gaining knowledge of a community before working with them. This step can be completed through interviews with community members and incorporating their feedback into the development of any program. ACA code A.2.a (2014) describes informed consent as providing information about the counseling process and obtaining a written and verbal agreement that the client understands the process. Additionally, the informed consent is meant to be ongoing, and the counselor must continue to speak with the client about the nature of informed consent.

The nature of this prevention program also includes advocacy. ACA code A.7.a (2014) describes this as when appropriate; a counselor should shed light on both barriers and obstacles on an individual, group, institutional, and societal level. Working to prevent youth gun violence will require a counselor and a program to speak up about inequality both in the neighborhood, especially with resources, and on a societal level when it comes to stigma and oppression.

Lastly, confidentiality could be challenging when working with individuals, families, and potential community members as a counselor. ACA code B.1.D (2014) describes the limits of confidentiality, stating the reasons for breach of confidentiality and the limitations. In this setting, confidentiality would be breached if there are threats of harm to self, threats of harm to someone else, or reports of abuse. When working with adolescents to prevent gun violence, there is a higher probability that the client may disclose threats to harm someone else; in this case, utilizing both supervision and discussion with peers through the ethical decision-making model will be vital to determine at what point confidentiality must be breached. With the development of the prevention program and utilizing the community to create standards, it will also be essential to discuss confidentiality with the group as a whole, as there may be different disclosure expectations.

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## **PART 5: ADVOCACY**

### **Adolescent and Young Adult Gun Violence in Baltimore, Maryland**

#### **Institutional**



Young community members are exposed to gun violence, including knowing victims or being perpetrators of violence. MSJCC (2013) identifies the need for marginalized populations to be connected to supportive institutions like the church or schools. However, if the youth do not receive mental health support in either the community or through school, they reach a barrier to overcoming the challenge of being around gun violence. Toporek et al. (2009) discussed the need for a counselor to advocate with other institutional community members to shed light on injustice. In this case, more attention should be brought to the lack of resources for community members aged 14 to 24 who are at elevated risk of exposure to gun violence. By working to break down barriers to care and increase the availability of mental health support providers, marginalized individuals can begin to recognize the available support. Additionally, as a counselor, I can make myself available to this population and provide mental health support services.

## **Community**

MSJCC (2015) identifies that a competent counselor will take time to explore the effects of norms, values, and perceived regulations that benefit or hurt the community with marginalized and privileged community members. The community may be fearful of outsiders wanting to help the community because of past mistreatment, racism, classism, and either lack of experience with outsiders or lousy experience with outsiders. In some communities, there is also a perception that counselor involvement creates adverse outcomes; Alang (2019) describes a focus group participant who described mistrust in the mental health system as being afraid of her children being taken by CPS because of her desire to get help with her substance use disorder. Helping

to also advocate for the benefits of having counselors available to discuss trauma and ACES could allow for a changing point of view for community parents and family members. Working to overcome barriers to trust within the community and allowing them to feel heard allows for further dialogue to begin.

Further, working with the community to discuss how norms influence behavior would be essential. For example, Maroufi (1999) and Milam et al. (2016) describe the codes of the street, which involve the need to respond with violence when someone is disrespected. This norm or cultural expectation can perpetuate violence. Allowing the community to talk through alternatives to address disrespect could create more profound change for the community. Toporek et al. (2009) discuss using advocacy to shed light on problems from a systems level. From this point of view, advocacy could include having community forums to discuss ways to challenge cultural norms and promote alternative behaviors.

In Baltimore, there are several programs, such as the Cease Fire Council, the Commission on Trauma-Informed Care, the Violence Intervention and Prevention Program (VIPPP), and the Maryland Youth Advisory Council, which would be great resources to advocate for new solutions. Engaging with the different committees would allow for excellent advocacy on a community level.

## **Public Policy**

MSJCC (2015) identifies the need for counselors to speak up about policy issues that negatively impact clients' development. Public policy has long looked at violent outbursts as a criminal issue and does not account for the mental health symptoms present in those who commit violent acts. Toporek et al. (2009) discuss the need for a

counselor to bring policy issues identified to a larger audience through media or legal procedures. As has been debated for many years, there should be changes to how policy often looks to punish violent offenders instead of connecting them with the support they need to be rehabilitated or to create positive change in their lives. It is worth noting that CDC (2024a) identifies one form of ACES as family member incarceration. From a policy level, if violent offenders received mental health support, it could intervene in family members facing the risk of re-arrest, helping to limit this area of ACES.

In many ways, the suspension and expulsion of students from public schools mimics the incarceration process of older adolescents and adults. Taking steps to shed light on the school-to-prison pipeline could help to integrate new strategies in schools, such as restorative justice models, which work to create healthy relationships and focus on repairing the damage done instead of creating a system that reinforces adverse outcomes and can have a ripple effect on the individual (Payne & Welch, 2013).

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