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Supporting Youth Through Violence and Loss

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COUN 6785: Social Change in Action: 

Prevention, Consultation, and Advocacy

Social Change Portfolio: Supporting Youth Through Violence and Loss

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OVERVIEW

Keywords: Adolescent trauma, prevention, violence, loss, Richmond, Virginia

Supporting Youth Through Violence and Loss

Goal Statement: The goal of this prevention portfolio is to strengthen protective factors for adolescents in Richmond, Virginia, who have experienced violence or loss. The focus is on reducing emotional distress, strengthening resilience, and promoting healthy development among youth who have been affected by community trauma.

Significant Findings: Youth in Richmond are disproportionately affected by poverty, violence, and exposure to loss, which contribute to high rates of depression, anxiety, and emotional distress. The City of Richmond Community Health Needs Assessment (2022) found that nearly 29% of youth live in poverty, while the Virginia Youth Risk Behavior Survey (2023) reported that 42% of high school students felt persistently sad or hopeless. Research shows that exposure to trauma during adolescence increases risks for mental health challenges, substance use, and academic decline (National Child Traumatic Stress Network, 2020). However, prevention programs grounded in Cognitive Behavioral Therapy (CBT) and Resilience Theory, such as Cognitive Behavioral Intervention for Trauma in Schools (CBITS), have proven effective in helping youth process trauma and develop emotional coping skills (Jaycox et al., 2019). Strengthening community and school-based trauma-informed initiatives is essential for reducing long-term emotional and social harm among youth.

Objectives/Strategies/Interventions/Next Steps:

1. The project will partner with Richmond Public Schools to implement the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) as a trauma-informed prevention

program in middle and high schools. Training will be provided for teachers, counselors, and administrators on identifying trauma responses and using supportive communication strategies with students.

2. Teachers, counselors, and administrators will receive training on how to identify signs of trauma and respond to students using supportive communication strategies.
 3. The portfolio will collaborate with community-based organizations and faith groups to create safe spaces and peer mentoring programs for adolescents coping with loss.
 4. Workshops for families will focus on helping caregivers build emotional strength, communicate more effectively, and understand how grief and trauma affect youth.
 5. Advocacy efforts will focus on expanding funding and access to culturally responsive mental health services through partnerships with the Virginia Department of Health and local nonprofits.
 6. Progress will be measured by tracking student participation, emotional growth, and overall engagement within Richmond schools.
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INTRODUCTION

Supporting Youth Through Violence and Loss

Experiencing violence or loss during adolescence can create barriers to healthy emotional, social, and academic development. Community violence, unexpected loss, and trauma place youth at greater risk for mental health problems and unsafe behaviors (National Child Traumatic Stress Network, 2020). In Richmond, Virginia, these risks are especially pronounced. According to the *City of Richmond Community Health Needs Assessment (2022)*, the city has one of the highest youth poverty rates in the state, with many neighborhoods affected by gun

violence, grief, and exposure to community trauma. Nearly one in four Richmond high school students reported feeling persistently sad or hopeless, and youth suicide attempts and depression rates continue to rise (Virginia Department of Health, 2021).

These local realities highlight the urgent need for prevention and early intervention efforts that build resilience and foster safe, supportive environments. This prevention portfolio outlines strategies to reduce risk, strengthen protective factors, and promote community and school-based supports for adolescents (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). By focusing on Richmond’s adolescent population, the portfolio will explore evidence-based approaches to prevention that can mitigate the long-term effects of trauma and promote positive youth development.

PART 1: SCOPE AND CONSEQUENCES

Supporting Youth Through Violence and Loss

Adolescent trauma caused by violence and loss has become a growing mental health concern that directly affects emotional, social, and academic development. Across the United States, nearly two-thirds of youth report at least one traumatic experience before adulthood (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). In Richmond, Virginia, this issue is magnified by high rates of poverty, community violence, and loss. The *City of Richmond Community Health Needs Assessment* (2022) reported that 29% of youth live below the poverty line, and neighborhoods with concentrated disadvantage experience higher rates of homicide and grief-related trauma. The *Virginia Youth Risk Behavior Survey* (2023) further found that 42% of Virginia high school students reported feeling persistently sad or hopeless, and 19% seriously considered suicide within the past year—rates that reflect concerning

emotional distress among youth. These findings demonstrate that many adolescents in Richmond face chronic stress and traumatic exposure, making early prevention a public health priority.

The consequences of adolescent trauma extend across multiple domains of development. Physically, trauma is associated with sleep disturbances, chronic health problems, and increased risk of substance use. Psychologically, it contributes to anxiety, depression, and post-traumatic stress symptoms (National Child Traumatic Stress Network, 2020). Socially and academically, affected youth often struggle with peer relationships, school performance, and family stability (Bethell et al., 2019). Economically, untreated trauma increases community costs through higher healthcare utilization, reduced workforce productivity, and strain on social systems (Felitti et al., 1998).

Addressing this issue requires early, trauma-informed prevention strategies that strengthen protective factors, enhance family and community supports, and expand access to culturally responsive mental health resources. By focusing on adolescents in Richmond, this project seeks to promote resilience, reduce risk, and support long-term healing for youth who have experienced violence and loss.

PART 2: SOCIAL-ECOLOGICAL MODEL

Supporting Youth Through Violence and Loss

The social-ecological model is a framework that explains how different layers of influence shape human experiences and outcomes (Centers for Disease Control and Prevention [CDC], 2024). Applying this model to adolescent trauma in Richmond could improve where prevention efforts can be most effective. By considering risk and protective factors at the individual, relationship, and societal levels, we can better understand how to reduce untreated trauma and build resilience among youth. Trauma does not stem from a single cause but emerges

from the interaction of personal challenges, family relationships, community environments, and larger systemic conditions (CDC, 2024).

Individual Level

At the individual level, the social-ecological model focuses on personal characteristics, biological factors, and learned behaviors that influence how people respond to their environment (Centers for Disease Control and Prevention [CDC], 2024). This level is especially important when addressing adolescent trauma because it highlights the internal effects of violence and loss on emotional development, self-concept, and coping capacity. Adolescents who experience violence and loss often face depression, anxiety, and difficulty managing emotions (National Child Traumatic Stress Network, 2020). When these symptoms go unaddressed, they can lower self-esteem, impair decision-making, and increase the likelihood of risky behaviors.

Protective factors at the individual level include healthy coping strategies, self-regulation skills, and access to early mental health education. Programs that teach mindfulness, emotion regulation, and problem-solving have been shown to prevent the escalation of trauma-related symptoms and improve overall resilience (Merrill et al., 2021). Focusing on this level ensures that prevention efforts target the personal skills and strengths that help youth manage stress, recover from adversity, and build a stronger sense of hope for the future.

Relationship Level

The relationship level of the social-ecological model focuses on the close connections that influence how adolescents grow, adapt, and cope with challenges. These include family dynamics, caregiving relationships, and peer interactions (Centers for Disease Control and Prevention [CDC], 2024). This level is especially important when addressing adolescent trauma because relationships often shape how young people respond to and recover from stress. When

family environments are unstable, caregiving is inconsistent, or peer relationships reinforce risky behaviors, adolescents are at greater risk of emotional distress and negative coping patterns (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

On the other hand, having stable and caring relationships serves as a major protective factor. Supportive family members, mentors, and peers help youth feel valued, connected, and understood, which promotes emotional regulation and resilience (Nesi et al., 2021). In Richmond, where many families face financial hardship and exposure to community violence, fostering positive communication and trust within families can be a vital step in reducing the effects of trauma. Encouraging mentoring relationships and supportive peer networks can also create safe spaces for youth to express themselves and rebuild confidence. Focusing on the relationship level ensures that prevention efforts strengthen the bonds that protect adolescents and promote long-term emotional well-being.

Community Level

The community level of the social-ecological model focuses on the environments where adolescents spend most of their time, such as schools, neighborhoods, and local organizations (Centers for Disease Control and Prevention [CDC], 2024). These settings play a major role in shaping access to resources, social supports, and opportunities for healthy development. In Richmond, many adolescents face heightened risks of repeated trauma due to concentrated poverty, exposure to neighborhood violence, and under-resourced schools (City of Richmond, 2022). Living in these conditions often limits access to safe spaces and consistent emotional support, increasing the likelihood of ongoing stress and behavioral challenges.

Despite these risks, community-based supports can serve as powerful protective factors. Trauma-informed schools, youth mentoring programs, and safe recreational spaces help foster

connection, belonging, and resilience among young people. Community organizations that collaborate with mental health providers and local leaders can also strengthen prevention efforts by addressing issues early and ensuring consistent access to care (Eisman et al., 2019). In Richmond, expanding partnerships between schools, nonprofits, and neighborhood programs can reduce barriers to mental health support and create stronger, more stable environments for adolescents coping with violence and loss.

Societal Level

The societal level of the social-ecological model looks at the larger systems and cultural conditions that influence how individuals and communities experience and respond to trauma (Centers for Disease Control and Prevention [CDC], 2024). Factors such as poverty, systemic racism, and limited access to affordable healthcare create structural barriers that heighten adolescents' risk for ongoing trauma. In many urban areas, including Richmond, persistent gun violence and economic instability contribute to cycles of grief, displacement, and chronic stress among young people (Bethell et al., 2019). These conditions often shape how families cope, what resources are available, and how mental health is perceived within the broader culture.

At this level, prevention is influenced by policies, funding priorities, and societal attitudes towards mental health and youth well-being. When mental health services are underfunded or stigmatized, adolescents are less likely to seek or receive the support they need. However, protective factors can emerge through efforts to expand access to care, invest in community-based programs, and promote equitable economic opportunities. In Richmond and across Virginia, public initiatives that reduce stigma, strengthen family supports, and increase funding for trauma-informed programs play a key role in preventing long-term negative outcomes for adolescents exposed to violence and loss.

PART 3: THEORIES OF PREVENTION

Supporting Youth Through Violence and Loss

Adolescents in Richmond who face violence and loss need prevention strategies that are grounded in strong theoretical frameworks. Cognitive-Behavioral Theory and Resilience Theory are two relevant approaches for this issue. Each provides a lens for understanding trauma responses and shaping interventions that reduce risk and strengthen recovery.

Cognitive behavioral therapy focuses on how thoughts, feelings, and behaviors connect, and it is often used in prevention and intervention programs for youth who have experienced trauma. The National Cancer Institute (2005) identifies that CBT approaches help individuals recognize maladaptive thoughts and patterns and replace them with healthier coping strategies. Adolescents in Richmond often face risk factors such as feelings of hopelessness, difficulty managing emotions, and avoidance behaviors following traumatic experiences. These challenges make it harder for youth to stay engaged in school and relationships, which shows why early prevention is needed. CBT-based programs reduce these risks by teaching practical coping and problem-solving skills. Research supports CBT as effective for decreasing posttraumatic stress, anxiety, and depression among youth (Kliem et al., 2020).

Resilience Theory complements CBT by focusing on the strengths and protective factors that help youth adapt after adversity. According to Masten (2021), resilience is best understood as a dynamic process shaped by supportive relationships, coping skills, and community resources. For teens in high-risk areas, having positive peers and safe spaces can promote healthier adjustment and reduce reliance on harmful coping. Research highlights that resilience-

focused prevention can establish belonging, strengthen coping capacity, and buffer against the long-term impact of trauma (Zimmerman et al., 2019).

One evidence-based program incorporating CBT principles and promoting resilience is Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS is designed for middle and high school students who have experienced trauma and uses group-based CBT to build coping, problem-solving, and emotional regulation skills. Evaluations of CBITS have shown significant reductions in posttraumatic stress and depressive symptoms, as well as improvements in school functioning (Jaycox et al., 2019). SAMHSA has endorsed the program as a practical approach to addressing youth trauma in school and community settings (Substance Abuse and Mental Health Services Administration, 2019). CBITS uses CBT strategies alongside resilience-focused supports, making it a valuable program for helping Richmond adolescents cope with trauma.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Support Youth Through Violence and Loss

Adolescent trauma in Richmond does not affect all youth equally. In Richmond, African American adolescents face higher levels of trauma than many of their peers. Factors such as racial discrimination, financial difficulties, and repeated exposure to violence contribute to this risk (Gaylord-Harden et al., 2018). These challenges increased the likelihood of depression and anxiety while also making it harder for youth to access consistent support (City of Richmond, 2022).

Making prevention programs more culturally relevant is important for reaching this population. Prevention programs need to be tailored to the lived experiences of the community

and emphasize cultural identity as a protective factor (Reese & Vera, 2007). Involving families, churches, and community leaders is also important, since trust and strong relationships play a key role in encouraging youth participation (SAMHSA, 2019). Developmentally appropriate activities, such as peer mentoring and creative expression, also give adolescents age-appropriate ways to cope with grief while honoring their cultural background. These strategies are suitable for this age group because teens naturally respond to peer influence, benefit from creative outlets, and need supportive adult guidance during this stage of identity development.

Ethical concerns must also guide prevention efforts. Sirolli (2012) notes that collaboration with schools, parents, and local organizations helps ensure prevention programs remain respectful and effective. Informed consent should be presented clearly to both adolescents and caregivers in terms they can understand, using age-appropriate language that enables youth to participate actively in decisions about their care. Protecting confidentiality is also crucial, especially in smaller communities where maintaining privacy can be more challenging. Ultimately, the American Counseling Association (2014) Code of Ethics underscores respect for diversity, client welfare, and cultural sensitivity, which counselors must uphold when developing prevention programs for adolescents in Richmond.

PART 5: ADVOCACY

Supporting Youth Through Violence and Loss

The multicultural and Social Justice Counseling Competencies (MSJCC, 2015) emphasize that effective counselors address not only the individual struggles of clients but also the systemic and environmental factors that contribute to those struggles. For adolescents in

Richmond who have experienced violence and loss, advocacy needs to take place at several levels to create lasting and meaningful change.

At the institutional level, one of the main barriers is the lack of trauma-informed training for school staff and administrators. Many educators are not fully prepared to recognize how trauma shows up in students' behavior or how to respond in supportive ways. Without understanding, students may face disciplinary consequences rather than being connected with the help that they need. A practical advocacy step would be to work with school districts to establish ongoing trauma-informed training for teachers, counselors, and administrators. Toporek et al. (2009) identify that the ACA Advocacy Competencies encourage counselors to promote equity and systemic collaboration within institutions. Partnering with schools to build this awareness aligns with those principles and helps create a more compassionate, responsive learning environment for students who have experienced trauma.

At the community level, challenges include limited access to affordable counseling services and inconsistent coordination among local agencies. Many families in Richmond's underserved neighborhoods face transportation or financial barriers that make it challenging to access consistent care. Counselors can advocate by collaborating with community organizations, churches, and nonprofits to develop mobile or school-based mental health programs. This approach aligns with SAMHSA's (n.d.) prevention model, which highlights the importance of meeting individuals where they are and addressing concerns through accessible, community-based supports. Murray and Crowe (2016) also demonstrated, through the *See the Triumph Campaign*, that counselors can utilize community engagement and education to reduce stigma and increase public awareness about trauma recovery. By promoting collaboration and outreach,

counselors help make mental health services more visible, approachable, and effective for families in need.

Within the public policy level, barriers such as limited funding for youth mental health services and the absence of trauma-informed legislation continue to affect the well-being of adolescents in Virginia. Counselors can respond by getting involved in advocacy efforts such as contacting local representatives or supporting policies that expand access to prevention and early intervention programs. The Multicultural and Social Justice Counseling Competencies (2015) emphasize that engaging in advocacy at this level is key to addressing the systemic inequities that contribute to ongoing psychological distress. By participating in discussions, counselors can share their professional expertise and advocate for the inclusion of culturally responsive, trauma-informed practices in school and healthcare systems. Consistent with the ACA's call for systemic change, these collective efforts help keep prevention and wellness at the center of a broader push for social justice (Toporek et al., 2009). Through this type of advocacy, counselors serve as active contributors to meaningful and lasting change.

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