THE RYSE CENTER'S LISTENING CAMPAIGN

Community-engaged inquiry of young people's experiences and articulations of trauma, violence, coping, and healing

Produced by the RYSE Center, 2016

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[1] Technical assistance provided by Dr. Emily Ozer from The University of California, Berkeley School of Public Health

Acknowledgements

We dedicate this paper to Richmond and West Contra Costa youth; to the visionaries who championed the space now known as RYSE--forward-thinking young people who knew that because they would soon age out, they would not benefit directly from the supports and services they helped create; to the cadre of leaders who imagined and actualized the mission, vision, and values that enabled RYSE to open its doors; to members past, present, and future who will keep RYSE real, who entrust RYSE to be a part of their lives, and who expect and rely on RYSE to be a steward, advocate, and organizer for their well-being; to the young people who took the time to share and reveal their lived experience, analysis, and ambivalence in these pages and beyond; to the young people doing all they can to survive, hustle, live, love, and thrive, wherever they may be--at home, at school, at work, at RYSE, at Juvie, and on the block. To young people, with love.

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INTRODUCTION

RYSE was born out of 'listening'. When Richmond youth expressed the need for safer, empowering spaces, the founding team of RYSE went into formation. The team mobilized to create the space youth asked for and began to advocate for them while training youth to organize for resilience and empowerment.

Built on cross-sector collaboration, RYSE works with community, city, and schools to provide the opportunities young people need to thrive. Serving youth 14-21 in Richmond and surrounding communities, RYSE provides support that is culturally relevant in a safe, youth-friendly space. In doing so, RYSE has learned that we and our collaborators can do more. We can re-examine our models, reassess our practices, and recalibrate our service to the youth in our communities.

A major area of concern for us is the effect of unnamed trauma on a wide swathe of youth in our city and beyond. Over the past two decades research has demonstrated that children are rarely exposed to single incidents of trauma. Further research also clarifies that there are distinct and complex paths of distress for children with pervasive and complex violence exposure.

Emerging research on trauma and adolescent development inform opportunities for better-informed policies, practices, and investments, especially important since many young people in Richmond grow up exposed to tremendous stressors, bearing the burden of multiple, correlated health inequities.

Whereas single incident traumas tend to manifest in "conditioned behavioral and biological responses to reminders of the trauma," prolonged trauma exposure or repeated exposures have "a pervasive effect on the development of mind and brain [that] sets the stage for unfocused responses to subsequent stress" (van der Kolk, 1996). These 'unfocused responses' specifically are of great concern in the context of children raised in complex dangerous environments as the 'unfocused' nature of some of their expressions of distress may compound under-recognition, misdiagnosis, and even criminalization of their symptomology.

While significant advances have been made in our understanding of childhood trauma exposure and subsequent trajectories of symptomology, current diagnostic and treatment frameworks remain limited in their validity and applicability in many contexts of youth exposure to violence. A more fundamental challenge to successful treatment of trauma may be that current trauma assessments may fail to recognize trauma symptomology itself when limited to PTSD-defined symptom presentations.

For example, findings from the Child and Adolescent Needs and Strengths (CANS) dataset of over 7,500 foster youth in Illinois indicated that while a majority of youth had suffered multiple exposures to violence (almost half the children had experienced sexual abuse and neglect) and 63% exhibited trauma-related symptomology, nearly 95% of the youth did not meet all the criteria to establish a PTSD diagnosis (CANS study, cited in van der Kolk et al.,

2009). It's been further argued that PTSD as a diagnosis is not sensitive developmentally nor does it sufficiently represent the impact of trauma exposure for many children (van der Kolk, 2005). As a consequence, argues one researcher, children are often given multiple or comorbid diagnoses, "none of which do justice to the spectrum of problems of traumatized children, and none of which provide guidelines on what is needed for effective prevention and intervention" (van der Kolk, 1996).

Additional experts in the field have also concluded, "No studies have yet been identified that assess distress symptomology in youth exposed to acute violence exposure and on-going community violence exposure" (Cloitre, 2011).

These limitations are particularly salient in communities of increasingly complex trauma exposure and subject to ongoing violence. For children who have already experienced multiple forms of violence who continue to live in dangerous or potentially threatening environments, current diagnostic and treatment frameworks may lack sufficient depth and breadth of understanding to meaningfully inform more successful healing strategies.

In all, the breadth of these considerations informs in large part why we decided to conduct the Listening Campaign.

LISTENING CAMPAIGN SUMMARY

RYSE's Listening Campaign aimed specifically to emphasize youth voice, experience, and meaning making as part of research, as well as to enhance youth engagement and community participation. A 'funneled' approach to data collection was utilized, beginning with multiple 'community conversations' and survey distribution amongst 380 youth throughout the city before engaging smaller cohorts of youth via five focus groups and an additional six semi-structured interviews with six young adult and youth providers in Richmond.

The present study analyzed the cumulative dataset collected from the Listening Campaign to examine two related questions:

> (1) What are the self-described characteristics of trauma exposure and expressions of distress amongst youth exposed to multiple types of interpersonal trauma and community-based violence?

> (2) What strategies of coping and support do young people utilize to increase their resilience or post-traumatic growth in the face of chronic trauma-exposure?

Utilizing a modified grounded theory approach to analyze demographic and survey data along with focus group and interview transcripts, the Listening Campaign aimed to identify youth self-description of experience with trauma exposure, define key domains of exposure, distress, coping strategies and help-seeking behaviors as well as identify

emergent theoretical formulations about the impact and function of violence exposure on youth experience as described by youth themselves.

It is our utmost priority that the Listening Campaign's findings be used to develop and enhance more informed assessment processes used by youth-serving agencies in Richmond, CA, and beyond, in communities with similar challenges.

The Listening Campaign seeks to understand with more sensitivity, clarity, and empathy the lived experience of young people burdened with trauma exposure, marginalization, and histories of oppression, as well as the expressions of distress and healing emergent from their individual and collective experiences. The ultimate aim is to illuminate the structural conditions of inequity that create community distress and harm and to enact the priorities and needs identified by young people to heal, restore, and thrive, and cultivate shared values, language, and strategies, as well as mutual accountability and support within and across organizations, sectors, and systems.

NEUROSCIENCE & ADOLESCENCE GROWTH

In effort to better understand the needs of youth in securing their healthy mental and emotional development, the Listening Campaign considered human neural development especially as it is relevant to growth in adolescence.

Across the span of humanity, the human brain develops through the power of relationships. This development begins with caregivers and later fans out to include interactivity with community and the world around us. As people mature, the most important times of neural growth are early childhood (ages 1-5), and adolescence (ages 12-24). During this time, youth advance from the dependency and selflessness of infants into a more social experience embedded in a basic sense of self, others, and what they expect from the world, all of which happens primarily during adolescence. In real time, this transition and all its details present courses of opportunities and challenges specific to diverse individual and community scenarios. Still, regardless of how diverse those challenges may be across the globe, adolescence is a golden age for courage, innovation, and creativity.

As adolescents we are MUCH more motivated by rewards than as adults. We are highly motivated to try new things in adolescence, which also means adolescents need space to make mistakes. From mistakes, knowledge and innovation are born. Adolescence is an age of preparation for working with our peers in shaping and caring for the world. As such, adolescents are highly peer focused out of necessity. And while adolescents need to push away from adults within certain phases of growth, they remain in need of support by adults, of boundaries, and continued learning opportunities.

Throughout the maturing process adolescence is a key time for consolidating experiences and identity development as youth 'try on' new, more mature selves. Integral to this process, it bears repeating that adolescents need support and patience from adults as they do the work of sorting out their individual growth.

RESEARCH CONSIDERATIONS

In spite of its small population size, Richmond, CA[2] has a reputation as one of the most violent cities in California and the United States. In the past 10 years alone, Richmond has been listed multiple times by the FBI as one of the top ten most violent and crime-exposed cities per capita in the United States (FBI, 2010; 2011; 2014; 2015). In recent years there have been numerous incidents of youth violence in Richmond, some of which have been so shocking as to garner national media attention (CNN, 2009, October 28; CNN, 2010, February 15). Unlike other well-publicized episodes of violence amongst U.S. teens which have prompted national demand for increased resources and services to support the victims in the aftermath of their trauma exposure, as well as policy analysis and change to safeguard youth in the future, there have been few documented efforts towards supporting the development for those young people exposed to heinous violence in Richmond.

In spite of Richmond's long history of documented violence there has never been a comprehensive assessment of trauma-exposure in Richmond amongst the city's youth. Though young people are both the most exposed to trauma and the most negatively impacted by community violence, the few youth-focused community assessments that have taken place in Richmond and West Contra Costa County (WCCC) have focused on specific organizational programs and not addressed more broadly the degree and type of trauma-exposure amongst Richmond youth, let alone their self-described experience of distress and healing from such exposure. Currently, WCCC lacks the necessary epidemiological information, contextually-validated tools of assessment, and analysis generated from significant participatory involvement to generate more effective healing strategies and treatment models for addressing widespread and diffuse trauma exposure (RYSE, 2012).

RYSE as a community organization has identified a gap in the effectiveness of conventional practices (evidence-based and otherwise) used in the community but not designed for or validated in contexts sufficiently equivalent to Richmond (RYSE, 2012). Often there is little differentiation between distress and dysfunction as utilized in current mental health diagnoses (or juvenile justice convictions), nor sufficient documentation of the complexity of trauma-exposure and corresponding trajectories of response, particularly amongst youth. Because of this lack of distinction, symptoms of distress are likely not recognized or may be misdiagnosed by youth providers and adequate support therefore not provided. From RYSE's perspective, the lack of substantive inquiry into the expressions of distress and treatment-seeking by adolescents exposed to on-going, multi-tiered violence poses a significant challenge to diagnostic and treatment validity and efficacy (RYSE, 2012).

An increased challenge lies in the reality that common policy and practice in youth-engaged systems treat youth distress as either psychological dysfunction or criminality, diagnoses which tend to exacerbate the individual's and community's distress as well as lead to

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[2] From here forward, Richmond, CA will be referred to as Richmond.

treatment modalities that further erode personal resilience, family and community cohesion, and reinforce a lack of trust in public health and justice systems whose stated goals are to serve the communities. Developing more informed assessment and treatment processes could help reduce the number of wrongly diagnosed and convicted youth who need higher quality distress support informed by their actual needs while serving the collective aim of effective service provision. The Listening Campaign's proposed research seeks to address in a localized specific way the need for more clarity around adolescent trauma expression in Richmond. Likewise, this research project aims to address the need for more researchers to collaborate with community-driven initiatives and support local efforts in developing community-based and culturally relevant treatment strategies to widespread violence and trauma exposure (Miller & Rasmussen, 2010; Wessells, 2006).

In Richmond and the surrounding San Francisco Bay Area, no studies have been conducted that prioritized youth self-description of both the specific symptoms that young people who live in on-going trauma-exposed contexts with prolonged exposure to violence find most distressing, or what symptoms, or in what contexts do they seek support. Youth providers in WCCC frequently report high levels of mistrust amongst young people towards providers and question whether young people recognize or identify support as available to them (RYSE, 2012). Relatedly, it is currently unclear the degree to which young people seek support for mental health distress or from whom they seek support.

In March of 2013, RYSE launched the Listening Campaign to organize a widespread, collective effort to go into the community and 'listen' to young people's experience of violence, trauma, and healing. The Listening Campaign was RYSE's attempt to generate clearer understanding of the violence and stressors that young people suffer in Richmond, the strategies that they utilize to survive and heal in the face of trauma and social marginalization, as well as address the significant gaps in understanding and support currently offered to young people.

While acknowledging certain limits of conducting community-based research with little funding or historical expertise as researchers, RYSE felt committed to leading an effort to at least begin a research inquiry into youth experience of violence in the community and potential strategies for addressing their concerns. The specific goal of the Listening Campaign was to understand the lived experience of Richmond youth[3] burdened with multiple forms of violence, in order to inform effective community interventions and empowerment strategies and create more empathetic and accurate assessment processes for youth healing from trauma. Grounded in a community experience which finds young people sidelined from participation in studies and policies that affect them, RYSE was intentional in the design of the Listening Campaign to heavily prioritize youth voice and experience at the center of research.

Key assumptions in our process included the following:

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[3] Following RYSE's principles and practices, congruous with Barber's summary of youth conceptualizations in international violence research (2009), 'youth' were defined as being between the ages of 13-21 for this study.

(1) Youth-described experience of trauma exposure and self-stated needs for healing must be prioritized to produce accurate and effective assessment processes and systems' violence interventions.

(2) Young people will share their experience and expertise when given respectful, appropriate opportunities.

(3) Current strategies for reducing violence and healing trauma across public health, education, and criminal justice systems are limited in their influence because of limited or no inclusion of youth self-described experience to orient their understanding or analysis.

RYSE designed the Listening Campaign to utilize detailed textual analysis with 'constant comparison' between texts and stages of data to generate meaningful interpretations about how participants make sense of their own world and experiences and theorize the relationships between those experiences for further analysis. Through this methodological approach we aimed to define core processes that explain social and psychological phenomenon that aligned directly with RYSE's goal to clarify the underlying processes of young people's experiences and expressions of trauma, as well as the organizing and theoretical assumptions guiding RYSE's inquiry, the key assumptions listed above.

RYSE explicitly undertook the Listening Campaign as an initial process of inquiry, hoping to utilize analyses from the Listening Campaign datasets towards developing and refining further inquiry processes, with the ultimate aim of systems change in the participating communities. Along with providing an established and systematic approach toward generating theory derived from participant experience and expression, our process of inquiry (discussed below) is designed to be able to guide further research and be modified by further analysis as needed. Within that context, ***this study is not intended to accomplish a final scope analysis of trauma theory from a youth-perspective in Richmond. Instead it is aimed to initiate an analysis of youth perspectives of how violence shapes their lives and communities in order to better inform current approaches, policies, and investments, violence prevention, mental health, and community mental health, as well as further research on culturally and community-grounded assessment and treatment strategies in Richmond and communities impacted by similar levels of violence and marginalization***.

RYSE aimed to generate in-depth, rich, and diverse textual data through utilizing open-ended questioning and a semi-structured process of inquiry to emphasize participant-led description and analysis while increasing comparative capacity to generate themes of experience and understanding. The Listening Campaign was also designed to begin with eliciting a large number of participants and diverse voices from across the city in the first phase of data collection before generating more detailed conversations with smaller cohorts of young people in the later stages of collection (further discussed in the section below). The multiple formats and types of data collected during the Listening Campaign

and 'funneled' collection strategy enabled meaningful comparative potential between participants in the absence of a capacity to simultaneously analyze and collect data. Thus, the multiple formats of data utilized required a sufficiently flexible methodology for organizing and comparing different types of data (Glazer & Strauss, 1967; LaRossa, 2005).

DATA COLLECTION

RYSE utilized a sequential data collection strategy organized into three phases. Modeled on related research designs in communities disrupted by violence (de Jong & van Ommeren, 2002; Miller et al., 2006; Ozer, Wolf, & Kong, 2008), RYSE utilized a funneled approach to participant outreach. We began the Listening Campaign engaging adolescents around the city in multiple larger format group discussions with accompanying qualitative surveys to discuss broader themes of violence exposure and healing practices with larger groups of adolescents. The second phase of data collection utilized a strategy referred to as 'theoretical sampling', where RYSE engaged youth with particularly salient experience with categories of violence highlighted in the initial phase in five in-depth, semi-structured focus groups of 8-14 participants (Charmaz, 2014; LaRossa, 2005). Six in-depth, semi-structured interviews were also conducted with young adults and youth service providers for additional comparison and insight into expressions of youth distress and healing in the face of multi-tiered trauma exposure in Richmond.

'Community conversations' and survey collection
In the initial phase of data collection, approximately 380 youth participated in large focus groups of 10-35 participants, called 'community conversations', where each group was asked a series of open questions about youth experience of violence and coping with trauma in Richmond.[4] Additionally, 367 of those youth completed surveys in which they answered questions identifying key areas of trauma, distress symptom clusters, youth-preferred coping strategies, and basic analyses of youth-serving systems supports strengths and challenges.[5] The purpose of Phase 1 'community conversations' format and survey distribution was to enhance community participation and solicit as many youth as possible to contribute to problem definition, as well as enable more targeted and detailed conversation for the subsequent Phase of research. 'Community conversations' were facilitated with youth at six locations across the city, including the RYSE Center, Richmond High School, Leadership Public School, Community Day, Kennedy High School, and Gompers High School. Site selection was based on attempting to engage Richmond youth from all different neighborhoods in Richmond and with a priority on facilitating the large focus groups where they would be most convenient and least intrusive to the youth and programs engaged. Note-taking during the 'community conversations' of participant responses during the conversations as well as researcher observations were collected on paper by the research team.

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[4] See Appendix D for the outline of the 'community conversation' process.
[5] See Appendix F for an example of the survey.

Focus groups

The second phase of data collection involved facilitating five focus groups (each from 70-90 minutes in length) of purposively sampled or 'theoretically sampled' youth who had self-identified experiences with particular subsets of violence exposure identified during the Listening Campaign. 'Theoretical sampling' refers to a second round of data collection following the initial process (the 'community conversations' and surveys in this case) aimed at generating further clarification and more detailed analysis of preliminary data collection efforts. RYSE also utilized 'natural cohorts' of youth who had shared and worked together previously with the support of present adults to maximize safety and comfort in sharing their experiences and analyses. The focus groups participants were engaged through multiple community organizations that worked with youth experiences of particular forms of violence, specifically gang/turf violence, family violence, and interpersonal/relational violence. RYSE also intentionally sought out the voices of more African American youth for the second phase of research due to a limited presence of African American youth 'voice'—males in particular—in the classrooms where 'community conversations' were conducted (discussed further in Demographics section).

Interviews

The final phase of data collection involved the completion of in-depth, semi-structured interviews with adults who had significant experience either growing up in Richmond and/or working with Richmond youth suffering from violence exposure. For the interviews, the research committee included two young adults who were born and raised in Richmond that currently work with Richmond youth, as well as five youth providers from four different agencies[6].

Focus group and interview protocol structure

Semi-structured protocols were utilized for both focus groups and interviews to increase comparability while leaving questions sufficiently open to ensure flexibility to follow themes emergent from the participant's narrative.[7] Protocols for the semi-structured interview and focus group utilized a 'funnel-like approach' to questioning recommended by Strauss and Corbin (1998). This method refers to an interview strategy that begins with broader inquiry, moving to more specific questions where pertinent during the course of the interview and following participant engagement and interest. The focus groups and semi-structure interviews were designed to explore in more specific detail youth experience of trauma, including distress symptomology, trust, perception and experience of competence and treatment availability, systems supports provision, and coping strategies for resilience.

Due to the sensitive topic of inquiry, RYSE incorporated multiple safeguards to protect youth participants in the Listening Campaign. These included:

- Hiring UC Berkeley Public Health Professor Dr. Emily Ozer--an expert in both trauma and qualitative methodologies for youth-focused research--as a consultant

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[6] See Appendix H for list and descriptions of focus groups and interviewees.
[7] See Appendices B and E for more information about the interview and focus group structure.

on the Listening Campaign to consult on the Listening Campaign's research design, protocols, and consent processes.

- Engaging community experts and adults with related experiences as youth as consultants and participants in guiding the Listening Campaign.
- Explicitly avoiding direct questions to youth in the public 'community conversations' about their own personal exposure and focusing on their knowledge about experiences of youth in Richmond in general.
- Minimizing requests for personal disclosure of specific incidents of trauma or violence experienced in focus groups.
- Ensuring informed consent and utilizing participant consent forms with parent/guardian permission for all youth less than 18 years of age involved in focus groups, modeled off of previous qualitative consent forms used by Dr. Ozer and colleagues.

Additionally, all focus group and interview participants were offered compensation for their involvement.[8]

Research design, outreach, and reflective feedback were enhanced by community partner participation, including multiple youth-serving community organizations. The organizations that contributed most substantially to the Listening Campaign through participation, review, and feedback included the Office of Neighborhood Safety, Community Health for Asian Americans, Bay Area Peacekeepers, STAND, RAW Talent, youth staff from the RYSE Center, and the Youth Services Bureau. Additional feedback from the James Morehouse Project at El Cerrito High School was particularly valuable. Funding for the project was largely provided by The California Endowment and supported by the Contra Costa Health Service Mental Health Administration Prevention and Early Intervention Program.

LISTENING CAMPAIGN DEMOGRAPHICS

Demographic data were collected from community conversation participants by self-report on the Listening Campaign survey as well as from each participant from the focus groups, interviews, and healing circle. Young people were asked to share their age, gender identification, preferred sexual orientation or identity, and the zip code within which they lived. In total, 453 young people formally participated in the Listening Campaign.

Age
The Listening Campaign intended to engage youth across the developmental continuum of adolescence; of the 453 participants, ages ranged from 13 to 22 years old. 51% (n= 225) of participants were between the ages of 13-15, 40% (n= 176) between 16-18, and the remaining 5% (n= 22) were 19-22 years old (with 3% declining to state).

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[8] Participants were offered $20 gift cards to Target as compensation for participating in the focus group or interview.

Age of Youth Participants
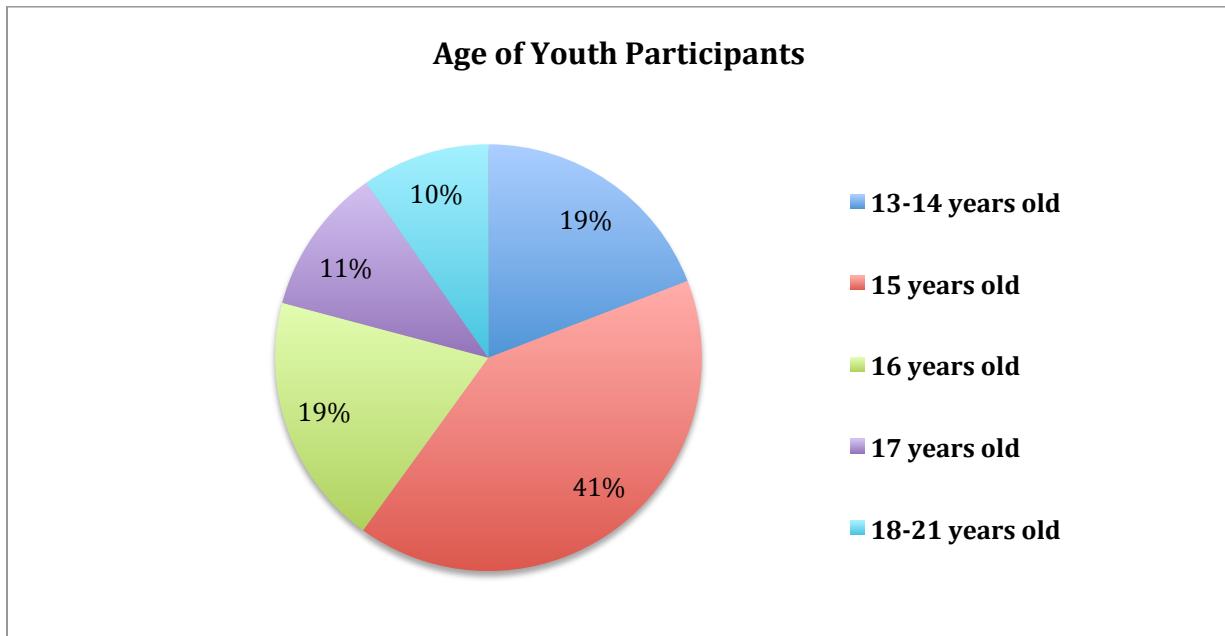
Figure 1. Age of youth participants from 13-21 in the Listening Campaign (2013)

The larger representation of younger-age participants is in part a reflection of increased presence of 9th and 10th grade students in classrooms visited across the city during the initial phase of data collection. For the focus groups and reflection circle, where participants were engaged through specific community organizations, the mean age of participants was 17 years old.

Gender
Gender representation amongst youth involved in the Listening Campaign was fairly balanced, with 51% identifying themselves as females (n= 233) and 45% (n= 203) identifying as males, with 4% (n= 16) declining to state. Aside from one specific focus group that was intended for females specifically, all community conversations and focus groups were non-gender determinant and engaged females and males together.

Ethnicity and racial identification
Ethnicity demographics from the Listening Campaign were more varied amongst participants, with a majority of participants self-identifying as Latina/o (60%). The second most frequently identified ethnicity was African American or Black, accounting for 25% of participants.

Participant-identified Ethnicity Demographics

Figure 2. Ethnicity of youth participants in the Listening Campaign (2013)

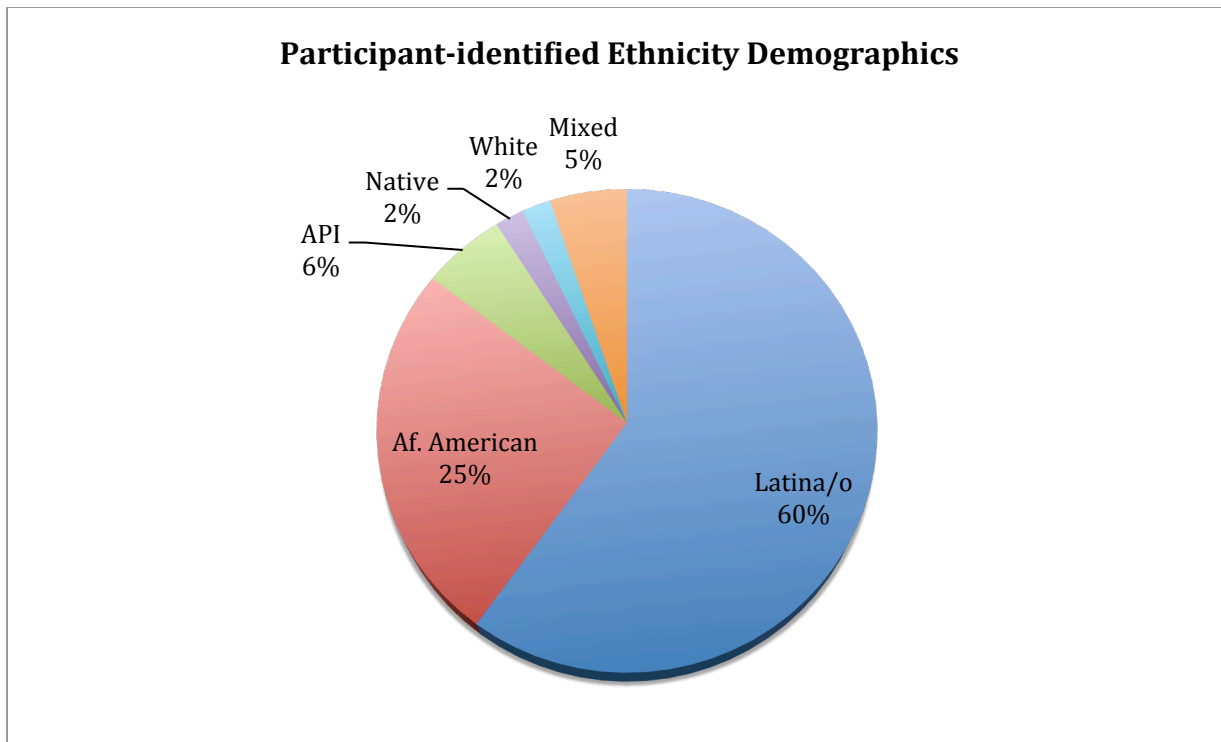A significant minority of participants identified as Asian Pacific Islander or Southeast Asian (6%), as well as who indicated a 'mixed' identity or who wrote multiple ethnicities (5%). The remaining ethnicities indicated included White or European American (2%), Native or Indigenous (2%), and Arab or North African (<1%). 7% of youth declined to state a preferred ethnicity.

Unfortunately, no current demographic statistics on adolescent youth in Richmond or WCCC are available for comparison, highlighting the significant lack of youth-focused data and research available in the city and county. The stated ethnic and racial identity of the youth who participated in the Listening Campaign did match the demographics of the West Contra Costa County School District closely however, with the exception of participating White youth.[9]

Sexual Orientation
When asked on the survey about their preferred sexual orientation, only 80% of the youth responded, with 20% declining to state. The decreased number of youth who indicated a preferred sexual orientation could in part be accounted for by unfamiliarity with the term 'sexual orientation' used on the surveys as multiple young people were reported to ask

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[9] Very few white youth (2% of participants) were present during the 'community conversations' in high schools across the city compared to WCCCSD enrollment demographics (20% of whom are listed as White). WCCCSD numbers may not reflect high school enrollment in the district. See WCCCSD website for further information for comparison.

about the meaning of the term. Additionally, youth may also have experienced sharing a preferred sexual orientation as particularly challenging or unsafe to disclose and therefore refrained. Of the participants that responded, just over 90% of the participants indicated their sexual orientation as heterosexual or 'straight'. 5% of the participants indicated bisexual as their preferred sexual orientation or identity, with the remaining 5% of participants who responded indicating different sexual identities including pansexual, gay or lesbian, questioning, and 'loving everyone'.
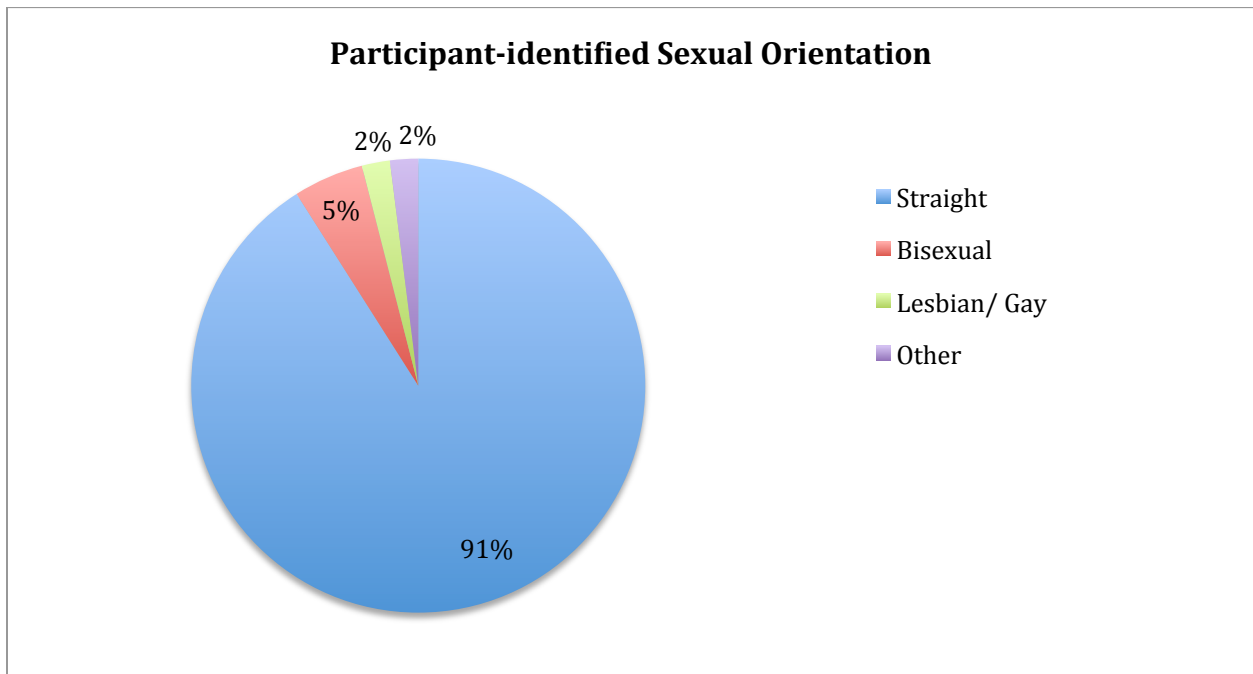
Figure 3. Sexual orientation of youth participants in the Listening Campaign (2013)

Neighborhood representation
Due to the potential stressors and dangers associated with public association with certain neighborhoods, the research team ensured that young people were not directly asked about what neighborhoods they lived in or were from. However, participants were asked to indicate what zip code they lived in to determine representation from across Richmond and nearby communities. 75% of the participants responded, with the majority of responses clustered around four zip codes: 94801 (32%), 94804 (37%), 94806 (23%), and 94805 (4%). These zip codes include representation from the most prominent neighborhoods in Richmond including North Richmond, Iron Triangle, Central Richmond and South Richmond as well as some areas of San Pablo.

Participants' Area of Residence by Zip Code
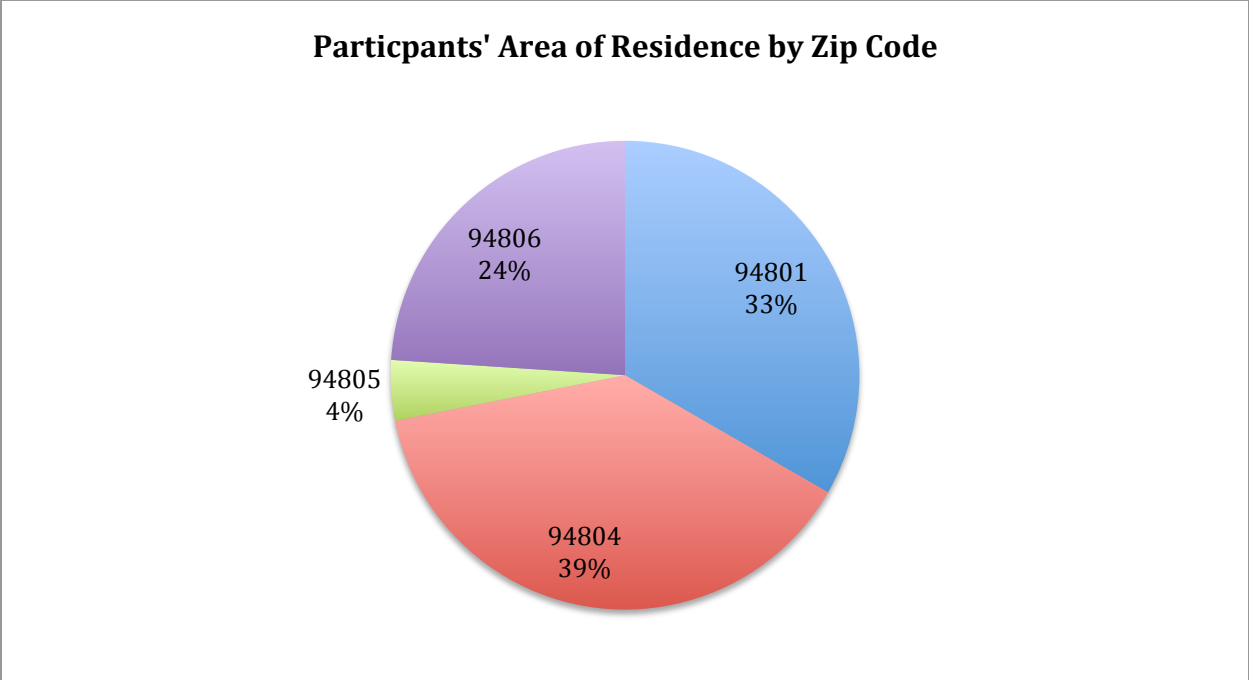
Figure 4. Area of residence by zip code of youth participants in the Listening Campaign (2013)

Demographic considerations

One significant issue identified by demographic analysis was the significant under-representation of African American male identified youth. Only 45 young people who identified as both African American and male participated in the Listening Campaign, accounting for 40% of African American participants. In contrast, 129 Latino males participated, representing 51% of Latina/os in the study. The Listening Campaign's representation of African American males is greater than WCCCSD representation. As an organization, RYSE has a stronger representation of Black youth and a significantly higher number of Black male members compared to youth enrollment in the district (30% vs. under 10%). During the focus group phase of data collection, RYSE reached out to youth from identified cohorts most directly impacted by the types of violence reported in the initial phase of data collection; this shifted the demographics of the focus group subset of participants, with African American youth representing 51% of participants and Latinas and Latinos representing 38% of participants.

That said, the limited presence of African American male youth participation in the Listening Campaign may be less reflective of any particular short-coming of RYSE's engagement strategy and more illustrative of macro-level factors and forces of educational inequity, structural racism and criminalization and enduring marginalization of young African American males. Given the nascent research and data on the health inequities and outcomes for boys and men of color (see The California Endowment, 2009) and RYSE's organizational praxis and engagement with young men of color (young Black men constitute RYSE's largest demographic), RYSE insisted on being deliberate in naming this

absence and the potential socio-structural pathways that inform young Black male participation. Future community research and engagement efforts in follow up to the Listening Campaign should focus specifically on more effectively and appropriately engaging young Black males.

RESULTS

Beyond the amplification of youth 'voice,' this study aimed to understand youth conceptualization of the impact of violence on their lives in hopes of better informing trauma prevention and intervention efforts in Richmond and neighboring communities. Amongst the varied responses several clear themes were identified, highlighted, and linked through the research process. Through the hundreds of voices who shared during the Listening Campaign, several insights and experiences were shared by and amongst participants.

Results were organized around these four key areas of research inquiry:

1. What types of violence and trauma exposure do young people identify, highlight, and prioritize? Additionally, how do they make meaning of the violence they experience?
2. What are the expressions of distress amongst youth exposed to Richmond's specific experiences of violence that they identify? In other words, what is the impact on youth of living and growing up amongst exposure to violence collectively and personally that young people identify? Additionally, how do they theorize this impact?
3. What strategies of coping and support do young people utilize to increase their resilience or post-traumatic growth in the face of chronic trauma exposure? (Permitting definition and examination of the expression) How do young people 'survive' in this context? Additionally, how do they theorize the coping strategies of their peers?
4. Where do youth need more support from adults and systems providers? What types of support help most? In other words, how are they analyzing current efforts and what are they calling for?

In coding the young people's responses in transcripts, surveys and audio recordings, the first and most immediate finding was the sheer enormity and consistency of violence exposure amongst youth participating in the Listening Campaign. While the design of the Listening Campaign did not enable concrete epidemiological analysis of violence exposure,[10] the virtual unanimity of violence exposure that youth shared was stark.

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[10] The Listening Campaign was designed such that youth were asked about their analysis of their peer group and community and not specifically identifying their own personal violence exposure and subsequent coping strategies and needs. Therefore, epidemiological data pertaining to rates of violence exposure or utilized coping strategies amongst youth could not be directly calculated.

From survey responses alone, fifty-six coded forms of violence were identified by youth as 'the most significant' in impacting youth lives in the community. Responses ranged from a variety of peer related forms of violence including bullying, harassment, and fighting or getting jumped, family and home-based forms of violence including domestic violence as well as emotional, physical, and sexual abuse, to community-based forms of violence exposure, primarily gun and gang violence.

Young people also identified varying forms of sexual exploitation, crime, drug dealing as well as drug use as examples of violence in youth lives. Participants in every community conversation and focus group also described young people being impacted by forms of structural violence including poverty, deportation, racism, incarceration, environmental racism, and a lack of quality education.

For types of violence, five categories were generated as most commonly identified by youth:

- Gun violence and gang or turf related forms of violence;
- Peer-based forms of violence, including fighting, getting jumped, bullying, dating violence, and forms of harassment;
- Drug-related violence, including violence connected to the use and sale of drugs as well as violence seen as committed because of using drugs;
- Family-based or in-home forms of violence, including intimate partner violence, physical, sexual, verbal and emotional abuse, as well as neglect;
- Sexual violence, including sexual harassment, sexual molestation, rape, date rape, sexual abuse, incest, and larger community and societal pressures on female sexuality.
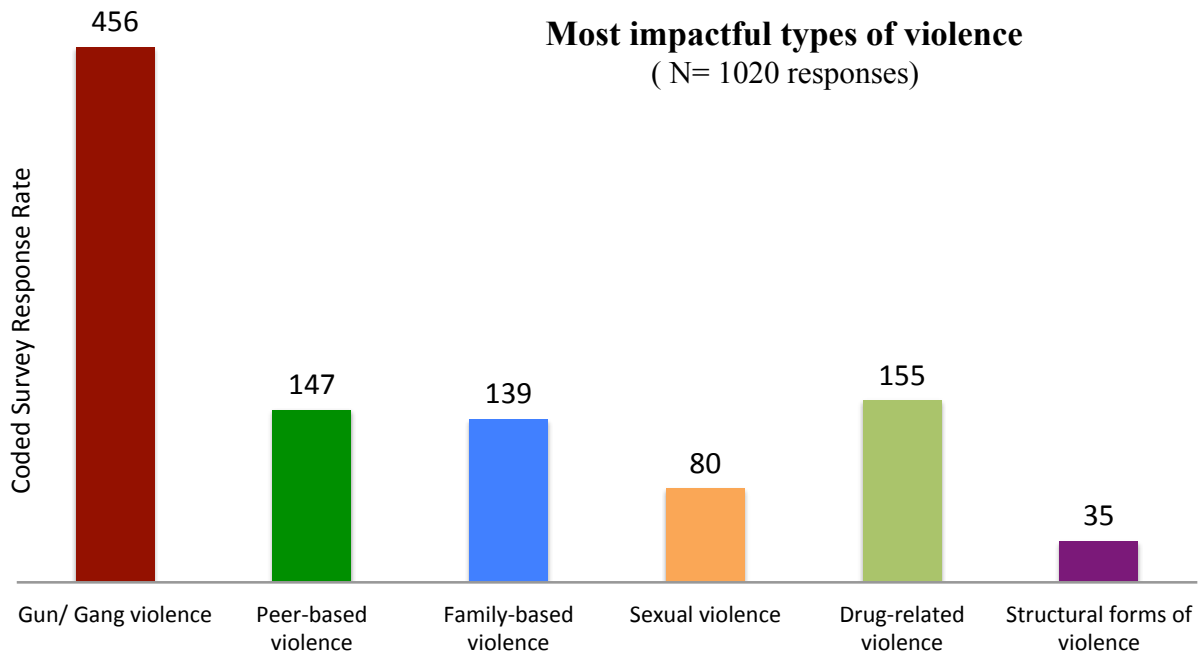

Figure 5. Survey responses to most impactful forms of violence for Richmond youth (2013)

Participants' were also asked their interpretation for why certain forms of trauma were kept 'silent' or were not openly shared or discussed. The reasons for silence youth theorized were multiple, from cultural and religious restrictions to intergenerational impacts of violence to the simple difficulty of articulating one's own pain. The rationale also varied by the type of violence identified. This question also brought out significant descriptions of youth experience that were not so readily brought up within other areas of inquiry.

Through focused coding, three primary and distinct categories of justification for silence were identified: (a) fear of invoking further violence, towards oneself or one's family (50% of responses, n=100); (b) embarrassment or fear of judgment (31.5% of responses, n=63); and/or (c) belief that speaking up or sharing one's experience wouldn't be taken seriously or produce any change (18.5% of responses, n=37).

An additional form of 'silence' expressed throughout the dataset was the silence of youth in relation to adults and caregivers in their lives. The experience of adults as either "judgmental," "uncaring," or "too overwhelmed" and "unavailable" permeated youth descriptions of their experiences with processing violence.

This silence itself was described by a few participants as one of the most impactful forms of violence youth faced. One survey participant wrote, "One kind of violence youth have to go through is being quiet. Not being able to say what they need to." This compounded assessment of the challenges they would face in sharing their pain lead many youth to simply shut down the possibility of speaking up, preferring to find ways to carry on in silence and, as one young woman shared to the audible agreement of her peers, "You gotta just face the fear alone."

MULTI-TIERED VIOLENCE

For many Listening Campaign participants, violence exposure in their lives was described not just in categories of discreet types of individualized traumas but also encompassed layers of exposure in their interpersonal and social lives. Listening Campaign participants identified violence at multiple tiers of their social-ecological context, ranging from interpersonal forms of violence and community-based forms of violence to school-based violence, service system, judicial, and larger economic, environmental, racial, and historical forces of violence that intimately impact the lives of their peers. Labeled as 'structural violence,' experiences incorporated into this category that were considered 'most impactful' by surveyed youth included "racism," "deportation" and immigration related concerns, "incarceration" rates, "police violence," "environmental racism," "poverty" or "money needs" or "necessity violence", underfunded schools or "education system," lack of access to healthy foods, lack of insurance, and "going hungry."

Recognizing and highlighting tiers of violence was not universally emphasized by youth in the Listening Campaign nor were all tiers equally endorsed. Most participants emphasized structural forms of violence much less than the interpersonal and community forms of violence exposure described in the previous section, with forms of 'structural violence' accounting for only 3.4% (n=35) of responses to most impactful forms of violence. Nevertheless, tiers of violence exposure via structural and historical violence were discussed and highlighted in every single Listening Campaign conversation at a group level as well as were emphasized in every single interview and therefore warrant recognition. The following tiers of violence were generated to describe forms of violence youth highlighted and prioritized throughout the Listening Campaign:

- Self-harming and self-directed forms of violence, including cutting, self-injury, suicidality or general neglect of self-care and self-worth (including references to sexual exploitation and/or drug use and abuse as examples of violence towards oneself);
- Interpersonal forms of violence including peer-based violence, family-based violence and individualized acts of violence;
- Community and school-based violence, including gang and turf related violence, drug dealing and related forms of violence, sexual exploitation and prostitution, robbery and theft (described as 'necessity violence'), and also included teacher or administrator harassment of youth, police and security violence towards students at school, as well as larger structural considerations of school policies, practices, and assessed alignment with a larger school-to-prison pipeline; and
- Structural and historical forms violence, with a significant focus on poverty and lack of sufficient resources for survival, but also including racism, deportation and anti-immigrant discrimination, mass incarceration and its subsequent negative impacts on family, community and economic life as well as including national policies orchestrating school-to-prison pipelines and general social marginalization of youth, people of color and Richmond in general.

Interacting Layers of Trauma Exposure

economic disempowerment, histories of oppression, mass incarceration, immigration & legal status, environmental racism

territorial/turf violence, sexual exploitation, gun violence, drug dealing, school-based violence, oppressive school & local policing policies

domestic violence exposure, child abuse, sexual abuse, neglect

personal traumatic experiences, bullying, family systems stressors

Figure 6. Graph of interacting layers of trauma exposure identified in the Listening Campaign

M from RAW Talent reflected on her students' experience when asked what type of violence impacts them the most:

> *Most of our students have both had the personal violence happen towards them physically, either from [a] family member that they were abused by as a child, or sexual assault, and they also have lost someone they love to gun violence. Most of our young women are afraid of getting raped or something, and most of our men are afraid of getting shot and killed. Of course it can happen across gender, but just because you've experienced one of these (forms of) violence doesn't mean the other violence doesn't impact you and it's taking people you love. So I think most of them have unfortunately experienced those forms, plus the institutional violence that they just were born into by growing up in Richmond...Yeah, I think obviously there's so many different levels of violence all happening at the same time all the way from institutional violence, state violence, down to intimate violence.*

In addition to larger forms of oppression or violence creating distress and trauma, interviewees in particular described multiple policies and practices that either de-emphasized youth supports or were seen to actively repress or oppress youth growth.

ATMOSPHERES OF TRAUMA

Through the multitude of narratives in the Listening Campaign young people repeatedly described both a familiarity with and constant tension from violence throughout their lived experiences. Youth continually emphasized their distress in relation to the seemingly permanent place of violence in their lives, often searching for ways to impart what their experience feels like day in and day out. One young woman shared, "My experience with violence is my whole life." Another young woman described her experience this way: "My experience with violence has been very brutal…I grew up with violence as if it were my sibling." The interaction of simultaneous multi-layered forms of violence exposure within a context of limited mobility and relational relief formed the experiential basis for what we conceptualized as exposure to 'atmospheres of trauma.'

For many youth, the combination of violence and potential violence in multiple locations of one's life was itself highlighted as one of the most oppressive experiences. As one youth from STAND explained, "It's just the whole thing…if your home's not safe, you head outside and have to watch your back, whether on the street or at school, you got violence in your relationships, I mean…it's dark, no lie."

Even the research process itself was impacted by ongoing violence in multiple ways generating a tangible sense of the constant insecurity and vulnerability touched upon by young people. As an example, multiple focus groups and community conversations were literally interrupted or cut short by shootings, attacks and/or murders directly in the vicinity of the group being conducted or directly involving family members of those in the midst of participating in the campaign. Other focus groups were never held after multiple attempts by RYSE and participants to engage due to threats of violence or having been scheduled at times which were then in the immediate aftermath of community-based violence. Thus, even the attempt to create time and space to discuss pervasive violence were influenced and at times completely interrupted by violence itself.

From self-harming and giving up on oneself through larger forces of violence and oppression, youth shared repeating themes of feeling overwhelmed and marginalized at every level of exposure. One of the most significantly challenging aspects of exposure to ongoing and multi-formed violence is attempting to address one's trauma/s while still relationally and ambiently submerged in a context of violence. Thus, traumas themselves begin to layer within and throughout one's experience such that violence outside and around one's being is mirrored by unprocessed traumas within oneself. Below, S describes the challenge of processing specific experiences of violence in the context of the ongoing and pervasive experience of violence:

> *If you're dealing with post traumatic stress disorder, in my opinion, you can really sit back, look at it, find out how it did you, like the timeline, where this behavior started, where that behavior started, and kind of back it up to try to get some kind of normalcy to deal with that feeling, that emotion, that grief, that trauma, whatever. When you're continuing to live in the trauma, see, I can't look back at you, like man, I remember when I was nine and my daddy got killed. Then when I was 13, my brother got killed right next to me. I've lost three friends at 15, 17 and 19 and they're not including the seven missions that I went on. I know I did hit four people out of that seven. I don't know if two of them lived, never heard anything about it. How do you deal with your daddy getting killed? You still have all this...You never get to deal, you're never getting to deal to the root, because you're always dealing with the last thing. Before you got to deal with daddy getting killed, your brother got killed. Before you really got to grieve about brother getting killed, your best friend got killed. Before you got to grieve about best friend getting killed, you went and shot somebody. You dealing with all those emotions...then somebody else get hit, then you're blaming yourself. 'If I came over here,' 'because I just slid through over there...'*
>
> *You got all these--guilt, shame, anger, depression--You got all these emotions, all these feelings going on and you never get to deal with them because it's this big, and because you've never been able to step away from it. Now you get to remove yourself from the situation now, then it becomes post. Now you can deal with it. You can't...it's hard to give therapy to a Vietnam veteran while he's still in Vietnam. It's hard to tell him everything's going to be all right and then that night he's in a two-day firefight in the jungle and he doesn't know if he's going to live. He's not really hearing the good information that you're giving him.*
>
> **(Interviewer: It's not very good information, is it?)**
>
> *It's not, on how to deal with it. Because these young folk never get to be removed from the trauma, they never get to be removed from the violence. They've learned that, you know what, as soon as this starts to seem like it's going right and start letting my guard down, something happens...So it's like, you know what? I'm going to stop putting myself in that position to where I just keep getting hurt. These young folk put themselves in a spot to where 'I'm not expecting anything good in life. This shit is going to continue forever. I'm not going to let anybody hurt me. I'm going to protect myself at all times.' They just never get to be in a place to where I'm retired. Retirement's not an option.*

In other words, the conceptualization of 'atmospheric trauma' exposure was intended to include how violence can become so pervasive that it fuses into one's environment but also

one's identify and perceived capacity for meaningful action. Multiple youth responses reflected how violence had penetrated even their conceptualization of meaningful action or how their desire to try something different was thwarted by the looming context of violence or threats of violence.

IMPACTS OF VIOLENCE

The second area the Listening Campaign's inquiry was to understand how young people identified and theorized the impact of violence and trauma on their lives, including self-identified expressions of distress. Participants described a broad scope of internal, relational, and behavioral experiences to represent and/or explain how violence and trauma affect young people in Richmond.

Even within individual responses focused on defining the effects of violence, participants regularly linked multiple forms of impact to describe how various facets of living with violence shaped their subjective experience. Often the responses violence were as descriptive as they were heartbreaking:

- "Fear, insecurity, hopeless, hatred - towards everyone."
- "Invisible, depressed. It impacts them because they feel left out."
- "[You feel] traumatized, scared, scarred for life, paranoid, [wanting to] seek revenge."
- "Young people deal with a lot of stress, responsibility, isolation, and lost love ones. Makes young people feel cautions, guilty, alone, angry, and sad."

In general, while young people highlighted particular qualities of impact, their analysis also emphasized the layers of pain that virtually all youth they knew had to deal with, though often attempted to hide.

An additional aim of this area of inquiry was to examine youth descriptions of distress-related affect for potential comparison with PTSD-related symptomology. While describing experiences related to standard PTSD symptom clusters, participants' descriptions often conveyed a depth and breadth of impact both more diffuse and pervasive than linear impacts to specific incidents of violence. Participating youth also regularly emphasized the influence of violence and responses to violence on their relationships with their peers and with themselves, as well as their larger conception of the world around them and their place in that world.

Amongst the multitude of descriptions offered by participants, four distinct categories of emotional impact were defined as most prevalent: (a) hopelessness; (b) scared and scarred; (c) trapped, angry, ready to explode; and (d) numb and trying to forget.
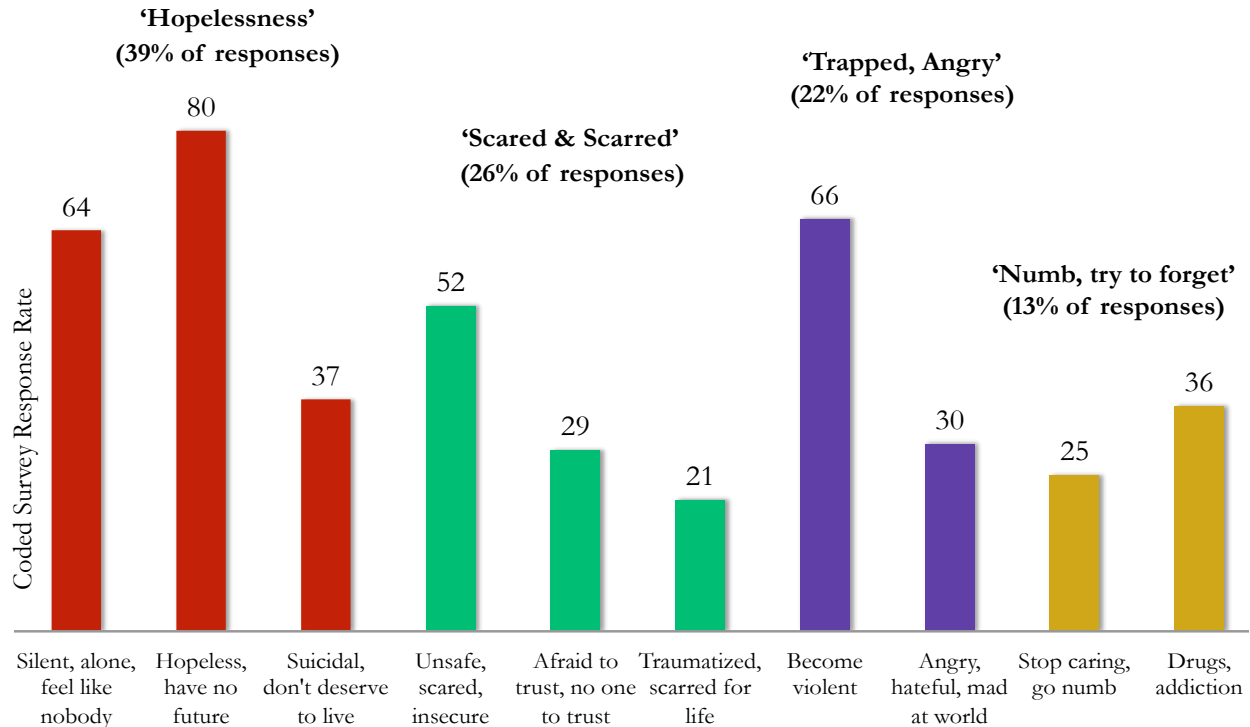
How does violence impact young people?

Figure 7. Bar graph of survey responses to how violence impacts Richmond youth, color-coded by focused-coded categories (2013)

An overarching theme amongst participants' conceptualizations of the impact of trauma on their lives included an almost universal expression of feeling unseen and unheard. Over and over participants described feeling alone with their wounds and scared to reach out and speak. As one participant responded to the question, 'What is the most impactful form of violence you suffer from?' "Silence." Another youth's response: "One kind of violence youth have to go through is being quiet. Not being able to say what they need to." They shared that their experience with adults had led them to conclude or fear that they would be "judged," "blamed," "shamed," "talked down to," or "ignored," imagining the only way forward with their pain was alone.

Participants described that the ongoing exposure to 'atmospheres of trauma' without a person or place to turn to left them feeling profoundly overwhelmed and led to the most powerful impacts on their emotional lives, including: hopelessness, insecurity about one's self, place in the world and future, and a profound, often unfocused rage. Youth described these feelings as pushing their peers into extreme responses to cope: becoming violent towards peers and loved ones, changing personalities to "not giving a fuck" anymore, turning to drug addiction and/or prostitution, self-harming, suicidality and simply "giving up."

COPING & TYPES OF COPING STRATEGIES

The third area of inquiry in the Listening Campaign was to identify and understand strategies of coping and support that young people utilize to survive their experience of violence exposure and trauma as well as increase their resilience or post-traumatic growth in the face of chronic trauma exposure. This area of inquiry also incorporated youth assessment of adult relationships in their lives as potential supports or forces of increasing distress.

To understand the participants' descriptions of coping in youth lives, it's imperative to first take into account young people's conceptualization of being subject to multi-layered, pervasive violence and 'atmospheres of trauma' as well as incorporate their own perceived limits of their social-political ecology in terms of resources, relationships, safety, and viable alternatives to what they see and know. Many youth framed their experience and expressions of coping within the relational, social and economic context available to them, utilizing implicitly and at times explicitly an analysis of their own decision-making in relation to their perception of what is available to them as marginalized youth impacted by (at times) relentless violence.

As such, youth descriptions of coping strategies amongst their peers were infrequently categorized concretely as 'good' and 'bad' and more discerned as outcomes of a larger process. Even while certain strategies for coping were frequently and explicitly conceptualized as 'healthy' (i.e. striving to become a better person, proving people wrong, "becoming somebody," "not giving in to the pressure") and others as 'unhealthy' (i.e. drug abuse, intimate partner violence, prostitution, self-harming and suicidality), participants often maintained a complicated and nuanced view of agency and morality grounded in the severe limitations of agency within their experience. In other words, whether participants leveraged a redemptive narrative of personal power to "overcome the odds" and "refuse to be defined by [their] environment" or emphasized the authority of circumstance and context in defining one's actions, violence was the foundational and 'atmospheric' context within which survival and self-definition took place.

Coping strategies analyzed outside of this particular theorization of what constitutes violence as well as the specific qualities of impact (personally and socially) can (and frequently do) lead to simplistic narratives and analyses that don't reflect participants' conceptualizations of their own experience. Colloquial analyses of coping often incorporate notions of 'good' and 'bad' coping styles that rarely recognize a context for action and often reinforce individual decision-making as the source of the problem rather than conditions that influence individual behavior. At worst, explanatory models of youth behavior that do not adequately consider youth perception of the limiting forces in their world can pathologize or criminalize youth behavior and further reify structural forms of violence to which youth are already subject. With these concerns in mind, the aim of this study was to not only identify various types of coping and strategies related to coping but also explore how youth create meaning from their experiences of violence as part of their attempts to not just survive but grow and thrive in the world.

A huge diversity of coping strategies was identified by young people as means of survival in the face of chronic violence exposure.

Drug and alcohol use was by far the most voiced strategy for coping with the impacts of trauma and violence, with an emphasis on 'forgetting' or 'numbing the pain' as motivators. Beyond substance use, the two extremes of either joining the violence (through gang participation, bullying, harming others) on one side and self-harming and suicidality on the other were also commonly referenced coping mechanisms. Engaging in activities, listening to and making music, creating art, and participating in sports and sports teams were also identified by a substantial amount of participants as the primary vehicle for their coping. Beyond these responses, several other strategies were identified, from friendships, family time, belief in God, and laughter to avoidance, isolation, ignoring, and hiding to drugs, sex, crime, and no way at all.

One participant articulated the common denominator of many coping strategies in this way:

> *There's taking it out on others, or on one's self. Yeah, I think being so angry could lead to violence, or if you're really mad, it could lead to you trying to hurt somebody else, or end up hurting yourself. That's why some people probably cut themselves. Things like that...like, when you're mad, and you can't do anything about it, you'll find anything to make yourself feel better, so people lean to different things like drugs, or alcohol, sex. Just different things to try to make themselves feel better, even if it's only for the moment, they'll keep trying to do something to make them feel better.*

The strategies for coping that youth shared appeared to be logical deductions of their perception of their world, thus framing coping strategies within the conceptualization that violence may occur at any time, the future is uncertain, one's power is extendable to only a very small range of influence (those closest to me, myself, other young people), and that it's very challenging to recognize that there will ever be a time in the future when the violence and uncertainty will be 'over.' Within such a context, actions of desperation or narrowing one's focus to short term relief over long-term planning are understandable, even if dangerous.
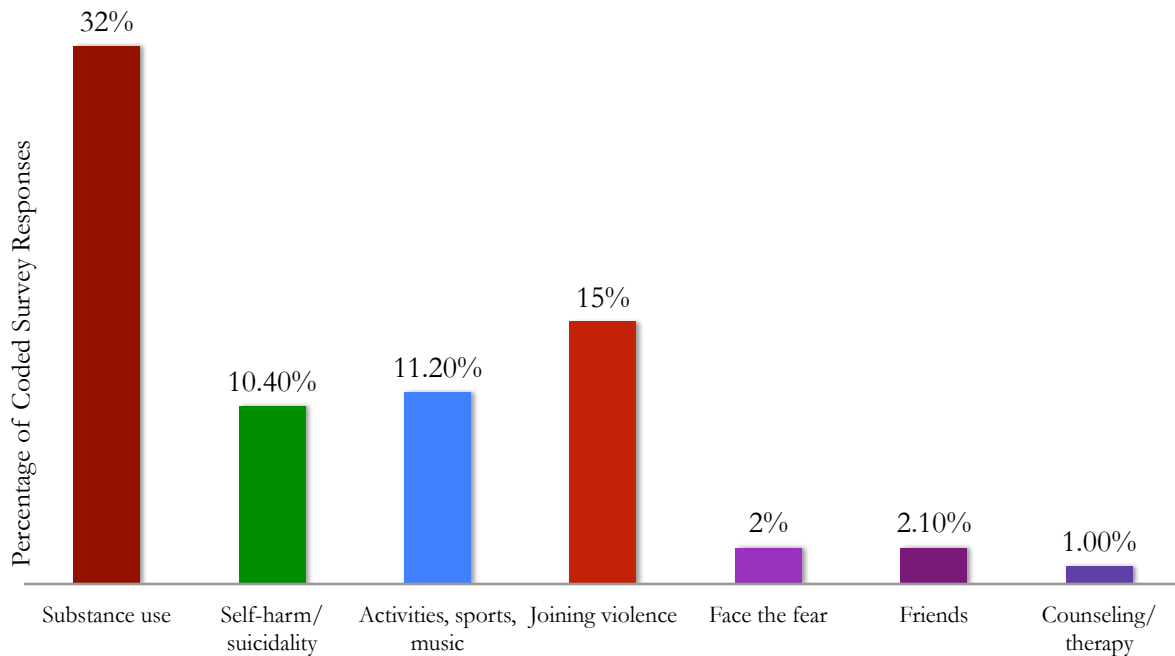
Youth Identified Coping Strategies

Figure 8. Bar graph of survey responses to most common way youth cope with violence in Richmond (2013)

Forms of coping were loosely clustered by means of the strategic purpose they served. In other words, amongst the host of coping strategies identified by participants, a few overarching goals characterized how youth attempted to navigate coping with so much trauma and also explain how coping worked. The following were consistently expressed goals achieved via a variety of coping strategies:

- Self-regulation and self-soothing, whether from using drugs, alcohol, sex and avoidance of conflict to making music, art, reading, and studying and even engaging in self-harming;
- Distraction, including getting involved in relationships or activities to take up all one's time, including school, hobbies, parties, gangs, gossip, sports, intimate relationships, or other specific activities;
- Affection-seeking, including a range of interpersonal strategies for seeking out attention and love from peers, teachers, or family members, and including friendship, mentorship, dating, sex, and even prostitution, and/or gang involvement;
- Refuge-seeking, aimed at finding safe spaces or relationships in which to hide and relax from 'outside' stressors, including community spaces, clubs, after-school programs and churches as well as "special relationships" that also leave one vulnerable to exploitation (i.e. abuse, pimping, or sexual exploitation in peer-based relationships); and

- Meaning-making, to motivate purpose and a sense of self (via one's reputation, sports involvement, gang or turf affiliation, fighting, sexual expression, or religiosity) and including meaning-making from violence itself such as youth using violence to stand up for their peers or avenge the death of loved ones as strategy to generate meaning in their own lives. This strategy also included confronting one's invisibility or marginalization through "proving people wrong," "overcoming" their environments and "not just being another statistic."

Youth Identified Coping Strategies
(gender dissaggregated responses)
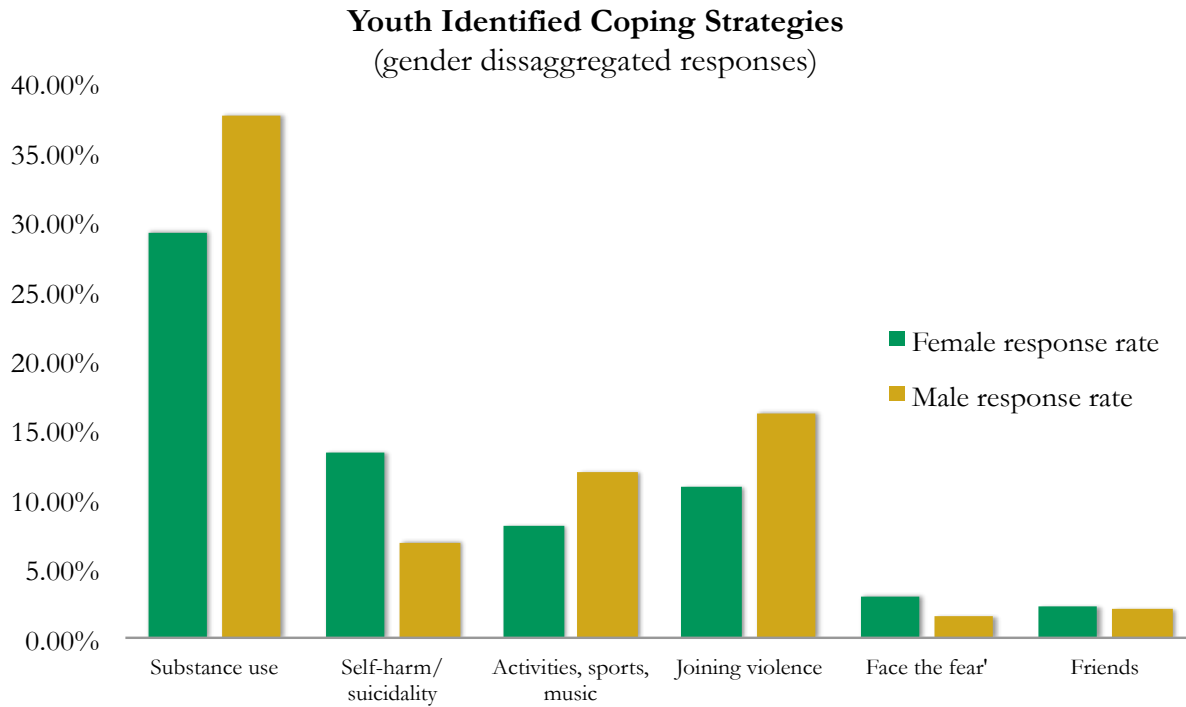
Figure 9. Survey responses to most common ways youth cope with violence in Richmond, disaggregated by gender (2013)

STRATEGIES FOR SURVIVAL

Inherent in participants' analyses were often the assessment that coping was a structurally-defined problem in that the limitations of one's actual social ecology defined coping strategies as much if not more than personal differences in young people. Even youth critiqued for making poor choices or not being strong enough were understood as functioning within stressful and trying circumstances. As one participant elaborated, "It's hard coming up from a struggle to make it in life…[Adults] need to understand that we risk our lives every day by just walking & minding our own business…I would like them to understand that not everybody is strong enough to overcome their obstacles, and some people need more help and support."

One's sense of safety in the social world they inhabit, the quality of relationships available to them to share with, navigate, and learn from their experiences, and the availability of resources both internally and externally to support their growth and maturation fundamentally influence the strategies of coping young people utilize to survive and even thrive in 'atmospheres' of violence.

Figure 10. Chart of situational factors shaping and limiting youth-defined coping strategies in the Listening Campaign

Participant responses also provide the ground for a more nuanced and complicated frame through which to consider resilience as a trauma-related concept of healing. Resilience, most frequently conceptualized as the capacity to maintain or return to healthy functioning in spite of or after having been impacted by trauma, was an identified goal for some participants. For many others their experience has been sufficiently shaped by violence throughout their lives spatially and temporally that there isn't much of a non-trauma model or experience to 'return' to or even know to seek. Instead, young people sometimes framed their goals in relation to growth both 'in spite of' circumstance and also because of it or in 'revenge' of it.

The concept of 'post-traumatic growth' offers a conceptualization of how trauma survivors grow and transform in healthy ways as they recover from violence though they can never be unaffected by the violence they experienced. This concept is complicated in contexts of on-going or potential future violence where one's growth and maturation takes places within the uncertainty and instability of violence throughout life. Within that frame, the presence of transformative strategies of healing, solidarity, empathy, and resilience

amongst youth serve more as examples of the creative and courageous capacity of young people to seek out novel solutions to exceedingly challenging predicaments than should be used as examples through which to judge or further castigate those youth coping through whatever means they perceive to be available to them.

For too many youth, the silence and marginalization they experience act together to stifle many possible attempts at healing and guide youth towards more readily present strategies for survival in their environment, i.e. drugs, sex, gangs, suicidality, hiding, numbing, and joining the violence. While certain coping strategies endorsed by young people appeared more likely to lead to self-destructive and harmful consequences than others, formulating treatment strategies focused on shifting youth behavior rather than the conditions within which youth are behaving may prove detrimental and even destructive towards meaningful healing of youth trauma and distress.

As the participants themselves expressed, youth in Richmond primarily need that their experiences of trauma and attempts to survive and make meaning of their lives be reflected upon critically and empathetically rather than used as a form of diagnosis that indicts or further inflicts violence upon their lives.

YOUTH NEEDS

The Listening Campaign's final area of focus was to clarify how young people in Richmond assessed and prioritized the needs of young people in Richmond given their experiences of violence. An additional aim was to identify the specific types of support from adults and systems providers that participants determined to be most necessary. In broader terms, the Listening Campaign also asked participants how they analyzed current efforts at providing healing and mental health supports in their community and what strategies might be more effective or pertinent to their needs.

Per the Listening Campaign sample, youth theorization of how to meaningfully address youth trauma in Richmond seemed guided and shaped by the following factors: (a) the types of violence youth face, (b) the qualities of violence they face (in terms of multi-tiered exposure and reasonable assumption of on-going and future danger), and (c) the constraints of surviving in and amongst traumatized youth, on-going danger and significant and impactful marginalization on a community-wide scale. As coping strategies were framed largely within those particular realities, subjective experiences, and constraints of context, so too were the identified needs of young people.

One of the most significant themes observed from analyzing the Listening Campaign data was the consistent perseverance, creativity, determination, and growth demonstrated by young people in Richmond faced with overwhelming violence exposure and insecurity. Though in multiple community conversations and focus groups young people stated their fear and expectation that sharing their experience wouldn't be heard or challenges addressed, unanimously the same participants then spent an hour or two sharing openly their experience. In spite of describing multiple levels of chronic trauma exposure, fear for

the future safety, and a common and explicit belief that no one cares about them, young people over and over committed themselves to describing at length the challenges they face, individual and collectively and asserted a desire and need for change.

We theorize this repeated phenomenon as an expression of profound ambivalence amongst youth in Richmond, the expressed feeling of being deeply mistrustful of receiving actual support (born of repeated experiences of being unseen and unheard), while at the same time speaking in commitment to their hope that change was possible and honoring the profound longing for someone to reach out to, care about their experience, and work together with.

Additionally, throughout their descriptions for what youth--and Richmond as a whole--needed most, was the underlying plea to have their natural resilience, creativity, and desire to grow be supported and strengthened rather than undermined, confronted, or ignored. In other words, many youth implicitly and explicitly were aware of young people's collective capacity to generate healthier, stronger relationships and communities if given the opportunity and resources needed.

CATEGORIES OF YOUTH NEEDS

Across community conversations, focus groups, and interviews a variety of youth needs were identified and prioritized by participants. Survey responses to the question 'What do young people in Richmond need most?' were independently examined by three researchers to identify key words and thoughts in the responses. In total, 414 survey responses were considered in identifying what Richmond youth need most in relation to violence and trauma exposure. From those responses, twenty-one distinct 'needs' were initially created according to what was shared by participants. Responses ranged from the need for "understanding," "support," "love from adults," "someone to listen," to "better parenting," "religion," "more money," "reduced poverty," as well as "nothing" and many "I don't know" responses.

Through focused analysis, five related but distinct themes of what youth identified as their greatest needs were categorized under the following labels: (a) love and support, including non-judgmental understanding; (b) listening and sharing with trustworthy, non-judgmental adults and peers; (c) safety and opportunities for expression and creativity, including safe spaces and programs to spend time in, share and express oneself with peers and adults as well as get introduced to and participate in alternative activities to what's available generally; (d) hope and guidance, including mentorship, visible examples of what's possible, and committed acts of believing in the young person's capacities over time; and (e) empowerment and investment in youth and their communities including reducing poverty, violence, incarceration, and deportation, funding youth and family support services as well as supporting trauma-informed and youth-informed policies and practices throughout the city and county.

What do young people in Richmond need most?
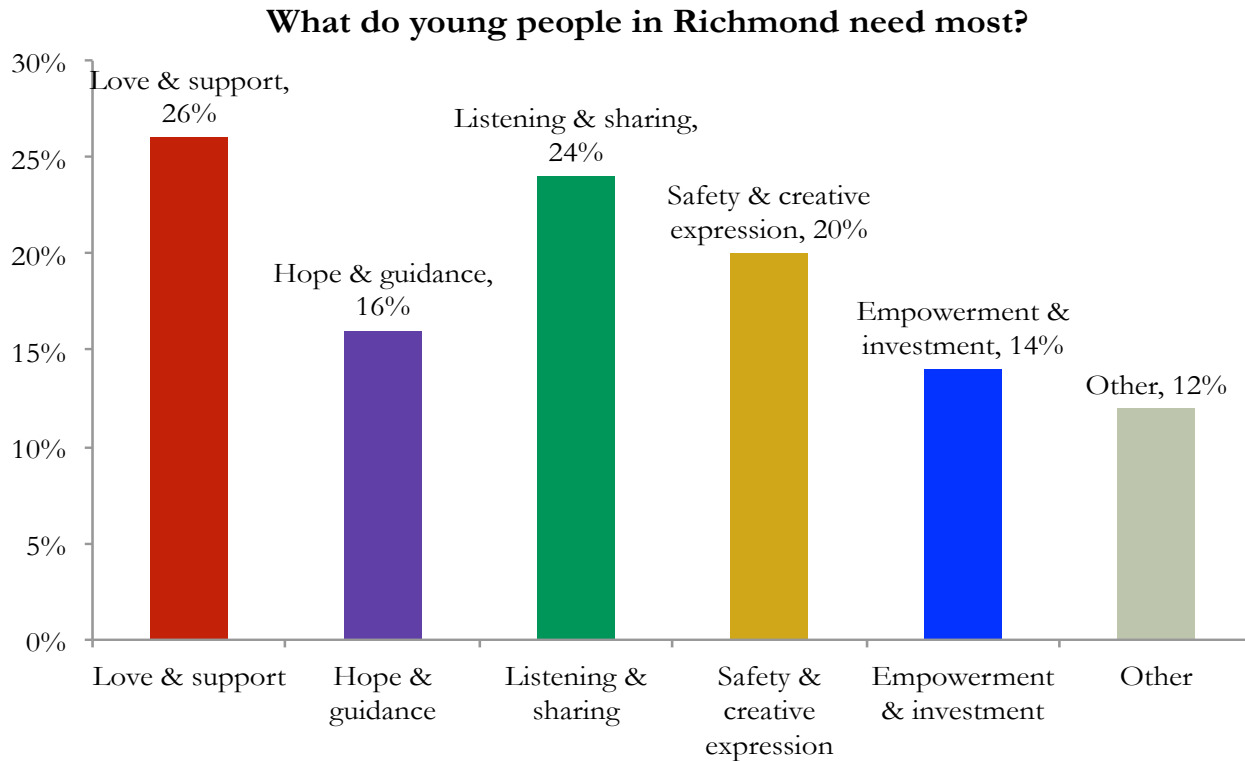
Figure 11. Survey responses for what youth in Richmond need most (2013)

In summary, youth described a multi-tiered solution to a multi-tiered assault on their being and future, with love and support being foundational and pervasive needs underling the additional categories of need. Levels of need identified can be organized in the following tiers:

- Supporting, loving, and committed relationships grounded in trust, non-judgment, understanding, shared experience;
- Safe spaces and opportunities for relaxation, creative expression and relationship-building with peers and adults/mentors to share struggles, wounds, fears, hopes with each other;
- Increased resources for youth and families in the community;
- Reduced violence exposure, poverty and marginalization including reduced incarceration and deportation; and
- Generalized need for increased empowerment and respect for youth experience and voice, within community, schools, local politics, and society in general, employment.

Interacting Layers of Healing

Reduction of key forms of violence including poverty, police and gang warfare, school to prison pipeline along with investment in youth and family supports, youth voice

Safe spaces, programs, and activities to express themselves, create, and explore new ways of learning and being

Examples of success, committed mentorship, belief in their success and future

Opportunities for listening and sharing, between peers and with trusted adults

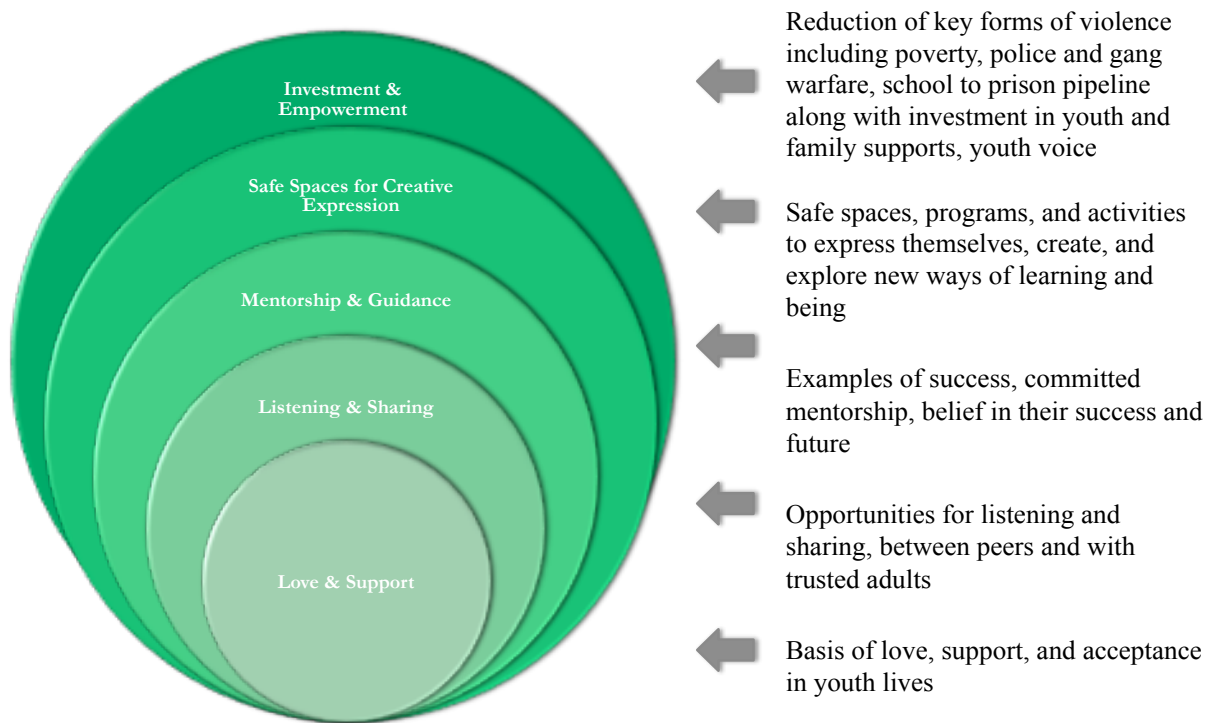Basis of love, support, and acceptance in youth lives

Figure 12. Interacting layers of healing identified by Listening Campaign participants (2013)

Borrowing from previous research (Bronfenbrenner, 1979), we conceptualized the respondents healing needs socio-ecologically, into nested interacting layers of healing, with love and support as the core need expanding out through larger layers of need in one's social-ecology. These layers of healing could be envisioned as building one upon the other as well as serve to mutually reinforce and reflect each other.

The need for an integration of healing supports from interpersonal to structural was reflected in the following excerpt from an interview with a youth provider who examined the negative impact of un-integrated trauma-support delivery. When asked his assessment of supports currently available to youth in Richmond, S focused less on the presence or absence of programming but more specifically on some of the experiences youth have with providers that hinder healing processes:

> *The biggest gap [in support needs] is [that] the same reason they need your help is [what] makes them ineligible. You want them to come in and deal with PTSD, but yet, when they come [if] they smell like weed we send them home. I mean, damn, we don't accept these young folk for who they are, but yet, we allowed whether we helped perpetrate it or perpetuate it, or did nothing, or we allowed it to get there. Now we're blaming them somehow that they're there. We're accusing them of not trying but they have no devices on their own to deal with the issue.*

In response to similar concerns and experiences, participants identified a few factors that inhibit or could enable such conversations, including: safe, non-judgmental spaces to share in; policies and practices across youth-serving and government agencies that don't further criminalize youth but promote restoration, healing, and sharing; valued, dedicated time to listen to youth experiences, particularly the difficult-to-handle experiences and feelings; facilitators that reflect youth experience either in age, ethnicity, experience, or mature empathy and understanding of where youth are coming from, and humbleness such that youth feel safe from the potential of re-wounding experiences of judgment and marginalization which further strengthen their experience and fear of isolation and invisibility.

With the larger frame of invisibility and powerlessness in mind, youth descriptions at times emphasized a greater need for restoration, healing, and empowerment at a community level as well as at the interpersonal level. This included the need for spaces of mourning, sharing, venting, learning, and creating together--basic relational features of genuine care and commitment between people. They also identified the restorative and healing power of sharing peer-based experiences in order to directly confront the invisibility and aloneness of their experience.

THE NEED FOR WITNESSING

Within and around the expressed pain of an individualized invisibility (i.e. my pain went unacknowledged, nobody cares about me, I don't have anyone to trust to talk to or feel safe with) was a larger sense of collective invisibility, of young people cast into a larger sea of anonymous, invalidated, and unnamed trauma to fend for themselves as best they can. The need to be seen in order to heal was made apparent not only in the direct descriptions of their experiences and expressed needs, but also in the gratitude expressed by multiple participants towards the researchers for spending time to engage with and listen to young people describe their experiences.

In practical terms, the subjective and often objective invisibility of young people's wounding and suffering may play a significant role in impacting the construction of effective treatment and healing strategies used by providers and the community.

For young people in Richmond who experience living in a context of 'war' that is frequently unacknowledged and predominantly hidden in the social and geographic margins of society, many of their wounds remain unacknowledged or hidden as well. For those symptoms of distress that are visible, they may become framed as personalized forms of dysfunction, behavioral or affective disorders, or moral shortcomings that sometimes lead to criminalization.[11] For young people whose distress is framed outside of the context of its etiology and ecology, the experience of alienation and isolation can become woven into the

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[11] The literature on unacknowledged grief as compared with socially validated grieving processes has highlighted the significant impact of healing in the margins of society's validation.

experience of trauma itself, and shape both one's experience and expectations of what is possible relationally and socially.

The youth participating in this research echoed both explicitly and implicitly the pain of invisibility as well as the cry for witnessing throughout the campaign. Their need to be seen and heard is not simply an expression of the desire to appease loneliness but to begin the process of healing, what has before been referred to as "the desperate longing for an other who might actively witness his experience and through whom it might coalesce into livable meaning" (Gerson, 2007). Young people often described the burden of baring the impact of violence exposure alone as a form of violence in and of itself, and potentially the most difficult and painful to address.

Treatment strategies for addressing youth trauma in Richmond may need to consider addressing youth experiences of invisibility along with affective, behavioral, and relational symptoms of distress to be successful. The invalidation and 'silencing' of those most impacted may come in multiple forms, including dis-acknowledgment, minimization, or diagnoses that do not normalize young peoples' symptoms as responses to an unhealthy and unjust ecology. The preference for frameworks that focus on individual traits and behaviors over conditions, ecologies, and relationships that harm or foster healing itself can be experienced as invalidating and inhibit engagement. At a larger scale, treatment strategies not grounded in the larger social, political, and cultural context within which conflict takes place can in turn unintentionally create further harm through not acknowledging the 'atmosphere' within which people are experiencing distress and reinforcing the 'personalization' of collective trauma and pain. In other words, substantive attempts at addressing youth trauma in Richmond and similar communities might consider the systemic application of witnessing, validating, and responding to the concerns of those whom treatment strategies are aimed.

CREATING 'ATMOSPHERES OF HEALING'

The experiences of impact and coping described by youth who engaged in this study in some ways push the bounds of a 'traditional' trauma frame that seeks to understand concrete expressions of distress in relation to discreet--even if multiple--experiences of violence. For the young people who participated in this study, their definitions of violence were complicated by structural experiences of marginalization, their subjective experience of social isolation, and their descriptions of ambiances of fear and pain alongside concrete traumatic experiences that impact their lives. Youth in the Listening Campaign also challenge our approach to understanding impact and coping as they wrestle with awareness that often those generating violence are also victims of violence, that violence has many layers and amongst their peers is not just a trauma symptom but also a survival strategy and a form of communication.

Given this context successful strategies towards healing trauma in Richmond and similar communities might be well served to recognize not just multiple, discreet experiences of violent behavior but also address collective and 'atmospheric' layers of traumatic

experience and their impacts as well. In practical terms, integrating this awareness into policies and practices of service delivery to young people could generate more effective approaches to engagement and treatment. Of course assessment and treatment modalities designed for violence-specific traumatic distress are absolutely necessary as part of addressing youth experiences of violence. Focused treatment strategies for gun violence, family violence, and sexual violence amongst youth actually require much more comprehensive treatment opportunities than now exist within Richmond and surround communities. Nevertheless, further incorporating an analysis of the impact of pervasive and at times diffuse violence exposure may support more accurate and empathetic understanding of a young person's overall distress presentation. This might include recognizing the potential that diffuse or dispersed symptom expressions of affective or relational disruption may directly pertain to the context of violence within which the individual is living.

Youth insights in this study may also question the overall utility of focusing on high-powered, effective singular tools or approaches to trauma via specific 'evidence-based practices' or models that may be inadequate for providing sustained and/or widespread healing in communities such as Richmond. Extensive literature on cultural validity challenges to otherwise 'evidence-based practices' demonstrate the limitations and dangers of engaging treatment modalities not grounded in the particular concerns, needs, and expressions of distress within a given community. Additionally, expanded ranges of multi-tiered service delivery reinforce the findings of multiple researchers in post-war, low resource contexts who have conceptualized and researched how increased community-involvement in both identifying community needs as well as providing community-based supports alongside individualized treatment increases effectiveness of trauma treatment and intervention (de Jong, 2005; Miller & Rasmussen, 2010; Wessells, 2006).

Young people's analysis of complicated, multi-layered violence and impacts in the Listening Campaign underscore the need for more systemically minded, ecologically grounded approaches to trauma definition, intervention, and prevention. Simultaneously, trauma-focused treatments grounded in localized understanding of the qualities of violence exposure that young people often face should be informed by sensitivity to the subjective psychological and relational experience of those most exposed to violence. This would enable clinicians and support providers to best assess the child's experience within the greater socio-ecology of their life.

Intervention strategies with increased focus on assessing multiple levels of one's social ecology as well as one's experience of social identity, power, and engagement may support young people in overcoming the alienation and powerlessness participants described as underlying several of youth's most severe symptoms of distress, including hopelessness, suicidality, increased substance abuse, and increasing vulnerability to gang violence or sexual exploitation.

In combination with enhanced intervention services, application of youth's described experience may signify the need to enhance prevention practices into larger strategies for trauma intervention. Reflecting on youth's shared experience may also open the doors to

reexamine our approach to addressing trauma-organized behaviors of coping that are most problematic. Zero tolerance policies related to school discipline and within many judicial, educational, and service sector or community programs highlight this mis-attunement with youth experience and can lead to further isolation or criminalization of unacknowledged and invalidated pain expression. The movements towards restorative justice practices and trauma-informed environments in schools are noteworthy examples of applying a framework for healing grounded in the desire to increase dignity, safety, and community cohesion without furthering trauma or violence. They also highlight how a shift in framing and understanding youth expression can lead to positive transformational practice and outcomes.

Service and youth provider systems shifting their framework from behavioral, moral, and criminological orientations towards trauma and community-informed orientations are examples of how shifting frames of understanding may promote more effective prevention and intervention. This effort is readily underway across school districts, counties, and even states in school policy and practice, juvenile justice systems, and mental health provision. Nevertheless, current strategies for addressing trauma at times neglect to integrate community-informed understandings of trauma and distress, thereby remaining at risk for decreased effectiveness at best, and reification of injury at worst. Increasingly agencies and service providers would benefit from developing and utilizing localized assessments of distress or create opportunities for more community feedback on treatment delivery and design, particularly from youth.

On a broad scale, there may be reason to make a fundamental shift in approach from symptom reduction and pacification to more critical awakening of dignity, empowerment and community transformation. These include the need for witnessing and multi-layered approaches to support provision including generating spaces for investment and empowerment in youth voice and civic participation, as well as community or collective strategies for sharing and healing from pain. While examining the impact of psychosocial reintegration programs across five countries, researchers have found that the success of treatment was only possible in contexts where significant social cohesion and access to resources in the community where present; in contexts that lacked a stable social base, no treatment examined was successful (Jordans, 2009).

Strategically, more research that shifts the unit of analysis from individual symptomology to collective or community mental health concerns may be warranted, with trauma prevention and intervention sought through addressing community-defined needs that are currently under-assessed and under-addressed.

In this light, young people's overall level of participation in the Listening Campaign is particularly noteworthy, especially given participants' expressions of the deep-seated feelings of mistrust and lack of confidence in adult responsiveness or "true change" taking place in Richmond. When asked why they chose to participate, participants responses were consistent, sharing that they were participating to "give youth a voice," "have my voice heard," or "because our experience should matter." Additionally, the expressed gratitude at the end of community conversations and focus groups by several participants was

unexpected. Youth responsiveness to the Listening Campaign in part may have been indicative of how little they have had the experience of being listened to and heard. Additionally, their substantial participation even after clear statements of ambivalence about the impact of their sharing may also speak to how little their experience has been made central in developing psychological understanding of the impacts of trauma on youth lives.

ENLIVENING THE LISTENING CAMPAIGN

Since initiated, much has been done with the Listening Campaign to inform practices, policies, and investments, and with numerous cross-sector and cross-discipline stakeholders[12]. Some highlights at the time of this report include:

- **RYSE's Own Practice:** The LC has resulted in changes at RYSE to better reflect and support the priorities, needs, and hopes of our members. This includes implementing restorative and non-violent communication practices across all levels of the organization, as well as deepening our practices and investments in staff care and healing.
- **Shared Learning Across Systems and Sectors:** The LC catalyzed the first Trauma and Healing Learning Series in 2014, convening adults across various systems and sectors to cultivate shared learning, mutual support, and collective values and commitments to ensuring health, healing, and justice for our young people. *The Series has been attended by hundreds of adults from over 200 organizations and agencies in Richmond, West Contra Costa, and the Bay Area, and with resounding benefit and value reported by participants. This report coincides with the launch of the 3rd Annual Series.*
- **Youth-led Research and Advocacy**: The LC prompted a Youth Participatory Action Research (YPAR) Project that has resulted in new peer-led programming at RYSE. ***A key finding revealed young people feel accessing substances such as marijuana is easier, and sometimes less harmful, than accessing adults for support.*** The youth team that led the YPAR is now leading programming at RYSE, and preparing to train the next team of youth researchers on YPAR.
- **Systems Change and Field-Building.** The LC data and process is being integrated into local and regional initiatives seeking to better understand and address the complexities, priorities, needs, and interests of young people in their communities. An example is the Richmond Kids First Initiative, an effort led by a coalition of community partners, which seeks to secure 3% of City of Richmond's general budget for a dedicated funding stream for children and youth services.

RYSE strives to cultivate a community culture of healing, love, and justice in which all systems and stakeholders are accountable and meaningfully invested in the hopes, dreams, and justice of young people. RYSE spearheaded the Listening Campaign because of a glaring need that had been left insufficiently addressed by community organizations, academic

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[12] RYSE thanks our funding partners at The California Endowment, Kaiser East Bay and NorCal Community Benefits Program, and Contra Costa County Health Services Mental Health Services Administration for making key investments in the Listening Campaign.

institutions, funders, and government organizations. RYSE was not primarily designed as a research institute nor intends to be. Our conceptualization, methodology, design and analysis are therefore driven primarily by identified youth and community need. Though we organized the Listening Campaign to be as methodical, stringent, and replicable as possible, we recognize that our process may in places be divergent from more traditional or academically oriented research methodologies. As there is an important role to play for academic research in community and policy transformation, so to is there an important role in community-driven research processes. Our hope is that our efforts with the Listening Campaign offer an additional example and inspiration for further community-grounded research, academic or not, aimed at transforming injustice and generating healing in communities sieged by violence.[13]

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[13] *For more information on the Listening Campaign and how it is being operationalized, contact Kanwarpal Dhaliwal, the RYSE Center's Director of Community Health and Integrative Practice at Kanwarpal@rysecenter.org.*

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Appendix A

RYSE's Listening Campaign

INTRODUCTION

RYSE is launching a Listening Campaign in 2013. Different from a more typical organizing or advocacy campaign, RYSE's Listening Campaign is an inquiry process that will the engage young people (ages 13-21) to share their experiences of living with and healing from trauma. Richmond has a long, documented history of violence, and young people are both the most likely to be exposed to and the most negatively impacted by violence. Still, there have been little to no opportunities provided in the community for young people to describe in their own words that impact. Through group conversations, community meetings, and interviews, **RYSE's Listening Campaign is dedicated to giving a platform for youth voice to describe their own experiences of trauma, how they survive and thrive through such challenges**, and offer their insights into how young people in our community can be supported more thoroughly.

The ultimate aim of the Listening Campaign is to understand with more sensitivity, clarity, and empathy the lived experiences of young people burdened with trauma exposure, marginalization, and histories of oppression. **We are committed to acting on the needs and insights that young people share through this Campaign to inform more effective community mental health supports and services,** as well as a more empathetic and empowering public health system that is equipped to respond to and address the experiences and impact of trauma and violence.

STRATEGY

In order to engage youth in the Listening Campaign in meaningful ways, young people and adults will partner on multiple elements of outreach, assessment, and presentation. RYSE adults and youth will host community conversations, focus groups, and perform key informant interviews to offer youth a platform to share their experience. **RYSE has also identified youth-produced media as a key tool to capturing, documenting, and sharing out youth voice and stories.** RYSE will leverage visual arts, video, and music production to add a creative component to the Campaign that will open up opportunities to engage with youth in truly meaningful and informative ways. To that end, RYSE is partnering with The American Teenager Project to train a cohort of youth photojournalists to capture in portrait images and vignettes personal stories of survival, challenge, and healing amongst West Contra Costa County youth. Additionally, youth filmmakers from RYSE are planning a film documentary of youth stories of healing and other partnerships are being explored.

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Appendix B

The RYSE Center's 'Listening Campaign'
Adult Assent for Personal Interview

The RYSE Center is conducting a research project to engage youth in Richmond (14-21) about how violence affects young people in the community and what solutions for healing from violence exposure young people consider most effective. **The aim of RYSE's Listening Campaign is to understand with more sensitivity, clarity, and empathy the lived experience of young people burdened with violence exposure. We are committed to acting on the needs and insights that young people share through this Campaign to inform more effective community mental health and community empowerment work as well as work to provide a more empathetic public health system in our communities for children and families suffering trauma and from sustained violence.**

You are invited to participate in a personal interview process to share your experience, insights, and observations about youth experience of violence in Richmond. **Your participation in the research is completely voluntary. You are free to participate in as little or as much of the conversation as you choose, or are free to not participate at all.** Choosing not to participate will not affect your standing in relation to the project or RYSE. We hope that the research will improve the health of your child and other young people in the community, as well as contribute to the improvement of future community health programs for teenagers.

If you participate in the interview, you will receive a gift certificate equivalent to $20 as compensation for your personal time. RYSE will conduct the interview in such a way as all participants will be kept anonymous if they choose and all of the information that we obtain during the research will be kept as confidential as possible. Your name and other identifying information will not be used in any reports of the research without your consent. We will store surveys in a double-locked, secure office.

If you have any questions about the research, you may call RYSE's Community Health Department at (510) 374-3401 or via e-mail: kanwarpal@rysecenter.org. If you agree to participate, you should sign this form below and return it to the research liaison. Please keep the other copy of this agreement for your future reference. If you have any questions regarding your treatment or rights as a participant in this research project, please contact the RYSE Center's Community Health Department at (510) 374-3401, or email Kanwarpal Dhaliwal at: kanwarpal@rysecenter.org. Thank you for your consideration!

Interviewee Assent to participate:
I have read this form and agree to take part in this research.

_____   _____
Interviewee's Signature   Date

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Appendix C

The RYSE Center's 'Listening Campaign'
Parent Permission and Student Assent for Focus Group Discussion

The RYSE Center is conducting a research project to engage youth in Richmond (14-21) about how violence affects young people in the community and what solutions for healing from violence exposure young people consider most effective. **The aim of RYSE's Listening Campaign is to understand with more sensitivity, clarity, and empathy the lived experience of young people burdened with violence exposure. We are committed to acting on the needs and insights that young people share through this Campaign to inform more effective community mental health and community empowerment work as well as work to provide a more empathetic public health system in our communities for children and families suffering trauma and from sustained violence.**

Your child is invited to participate in a focus group through BAP to share their experience, insights, and observations about youth experience of violence in Richmond. **Your child's participation in the research is voluntary**. They will be free to participate in as little or as much of the conversation as they choose, or are free to not participate at all. Choosing not to participate will not affect your child's grades or standing at his/her program/school. We hope that the research will improve the health of your child and other young people in the community, as well as contribute to the improvement of future community health programs for teenagers.

If your child completes the survey during his/her elective class time, your child will receive food such as pizza. Every child in the class will receive the snack regardless of whether they participate in the research. If your child participates in the focus group, your child will receive a gift certificate equivalent to $20 as compensation for his/her personal time.

RYSE will conduct the focus group in such a way as all participants will be kept anonymous. and all of the information that we obtain from your child during the research will be kept as confidential as possible. <u>Your child's name and other identifying information will not be used in any reports of the research.</u> We will store surveys in a double-locked, secure office. <u>We will not tell anyone else, including parents and teachers, what your child tells us</u>, **with the only limit to confidentiality being if your child indicates that they may be currently in danger or are a danger to someone else. In that case, we are legally obligated to engage the support services necessary to follow up and ensure your child's safety.**

Please discuss this research and the information in this form with your child. If you or your child has any questions about the research, you may telephone Aran Watson at (510) 374-3401 or via e-mail: aran@rysecenter.org. If you and your child agree to his/her participation, both of you should sign this form below and your child should return it to his/her research liaison. Please keep the other copy of this agreement for your future reference. If you or your child have any questions regarding your treatment or rights as a participant in this research project, please

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contact the RYSE Center's Community Health Department at (510) 374-3401, or email Kanwarpal Dhaliwal at: kanwarpal@rysecenter.org. Thank you for your consideration!

Parent or legal guardian's permission to allow child to participate:

I have read this form and discussed it with my child, and agree that my child may take part in this research.

_____ _____
Parent/Legal Guardian's Signature   Date

Child's assent to participate:

I have read this form and I agree to take part in this research.

_____ _____
Child's Signature   Date

_____
Child's Name (Please Print)

_____
Name of Program

Appendix D

RYSE LISTENING CAMPAIGN – PHASE 1
Community Conversations Outline

Guiding Research Questions for Phase 1:
1. What types of violence and trauma exposure do young people **identify, highlight, and prioritize**?
2. What are the **expressions of distress** amongst youth exposed to violence?
3. What **strategies of coping and support** do young people utilize to increase their resilience or post-traumatic growth in the face of chronic trauma exposure?
4. Where do they see the **need for improvements** and what type?

1. Welcome and Intros (15 minutes)
A. Introduce RYSE, ourselves, Brief overview of Listening Campaign
B. Group Agreements (butcher w/ verbal agreement)
- *Confidentiality*
- *Honor your own experience and expertise*

2. Setting context/ violence exposure, definition (15 minutes)
A. What are some of the negative things that young people have to do deal with in Richmond? What are the types of violence that young people grow up dealing with in Richmond?

3. Impact of violence (15 minutes) *(butcher paper write up)*
A. How might someone feel having to face those conditions? How might young people in Richmond be affected by violence? What type of violence is most stressful to you? Any? All?

B. What are signs of stress? How would you define 'trauma'? What does it include? Writing exercise.

4. Coping strategies & Support (20 minutes)
C. How do young people cope with violence exposure? How do they deal with that traumatic stress? How does that impact of violence influence what young people do and how they act in their life?

A. Who do youth trust to talk to? Who can you ask for support? Who can't you ask? Why?
a. Think of someone who you would trust if you felt overwhelmed or traumatized by violence- what is it about that person that allows you to trust them?

5. Imagining a more supportive community (20-25 minutes)
A. Discussion: What do you think are some of the root causes of violence? What are some primary problems that keep violence and trauma continuing in the community?

B. What are some of the positive things that already exist in Richmond that are working in helping young people? What are some of the positive things that we need more of to really support youth?

C. What do adults need to understand better about young people's experience with violence?

D. Now we wanted to ask you what support for young people coping with trauma and violence in your community SHOULD look like or what is working now. Consider the justice system, schools, nonprofits, youth programs, and counseling programs. What would more support from these systems look like for young people? Why don't they work better now?
a. What would more support at your school look like?
b. What would more support in the community look like?
c. What would a helpful police department look like?

Focus Group Protocol

Listening Campaign Focus Group Protocol

<u>*Script*</u>*: HI! Thanks for being willing to participate in this conversation today.*
        [Introduce facilitators, RYSE and the Listening Campaign goals.]
We want to learn more about your experience as young people in Richmond, particularly in dealing with violence. We want to listen to your thoughts, feelings, concerns in order to help create better supports for young people and make meaningful change for a less violent future for Richmond.

<u>*Script:*</u> *In order to create a space where everyone feels comfortable and safe to share, let's come up with some Group Agreements. What would be some important Group Agreements for this conversation? (respect, no put downs, keeping what people say inside the group, cell phones away.)*

We want to hear your honest experiences- positive, negative, whatever. You are the experts on youth experience in your community. Remember, you're not being graded on your responses and you can choose not to answer any question or stop participating at any time if you don't feel comfortable. It's also okay for you all to disagree—we just want to make space for all of our points of view. Is everyone ready to start?

We'll start with a check-in question and introducing ourselves.
[All pick nametags with false nicknames—movie star, musician, political leader or anyone they want. <u>*Note that it is ok to change order of some questions if this flows more naturally – sometimes it makes sense to probe on learning or challenges as they emerge from the general narrative, for example].*</u>

Defining experiences of violence:
1. In the first phase, young people reported a lot of types of violence they were exposed to. What are the most common types of violence you see young people have to deal with in Richmond?

        A. A lot of young folks referred to 'gang/turf violence'. What are different types of violence that affect gang affiliated young people specifically in Richmond?

2. When we asked a bunch of young people in the first phase, these types of violence were often listed as more 'silent traumas' (DV, sexual violence, bullying). Why do you think people are more silent about these experiences?

        A. Are there other types from your perspective that are kept 'silent'?

B. Prompt: Many young people often mentioned feeling embarrassed or ashamed, not wanting people to see them a certain way. Can you describe ever feeling like that and how it affected you?

Impact of violence:

3. How are young people in Richmond affected by the violence they experience? What are feelings you deal with in being exposed to violence?

A. Probe: embarrassment, shame, anger at the world, hopelessness- these feelings came up often. Why do you think so? How do young people experience these things?

B. How about when you hear about violence happening around you (in the community, at school, other people's homes). What kind of impact does that have on you?

i. Prompt: can you tell a time you heard about violence around you and what you thought and felt?

C. Do you consider one single type of violence as the most impacting? Or do you think that it is a combination of violence exposures that is the worst? Why?

Coping:

4. What are some of the main ways that you see young people- particularly gang affiliated youth- coping with violence in their lives? What are some ways that you have coped?

A. Probe specifically (Drug use; Self-harm; Facing it alone, running away; Joining activities; suicidal)

B. A lot of young people mentioned feeling suicidal or suicide. Very few young people seem to actually commit suicide, but what do you think they're saying when they share they feel this way?

5. Very few young people in the survey said they talk to someone to cope, or use relationships to cope. Why do you think that is? Who do you talk to (if anyone) and why?

A. A lot of young people reported having few to no adults in their lives they really trusted. Why do you think that is? And, how can you tell if an adult is someone you'd trust or not?
i. Prompt: a common responses in not trusting adults was because of fear of judgment and/or lack of confidentiality. If you have felt this way, can you describe a time you have felt this way?

B. Can you share a time when you trusted someone and it was really helpful?

C. Few people talk about counseling or therapy. Do you think people see this as helpful?

i. Prompt: does it feel different to talk with a peer? Or in groups rather than one on one?

6. In the early conversations, we heard some real tension between the feeling that as a young people you are shaped by your environment, but also wanting to insist that you are not defined by your surroundings and can be your own self. Do you experience this tension?

    A. Prompt: Can you tell a time when you felt this or someone you knew was struggling with this?

Creating community solutions:
7. What are some primary problems that keep violence and trauma continuing in the community?

    A. What do you think are some of the root causes of violence?

8. What would help reduce the level of trauma young people are exposed to in the community?

    A. Prompt: What are some ways that you see are working to reduce trauma and violence for young people? How about not working?

9. Most young people said the thing they needed most was to be listened to, cared for, and loved. Why do you think there such a need to be heard?

    A. Can you tell us a time you really felt heard, loved, seen by someone when you needed it?

10. Can you share one way that you keep yourself going each day? What keeps your strength up in the face of challenges?

Appendix F

RYSE Listening Campaign - Youth Survey

Please answer each question as best you can from your experience- ***your participation is completely voluntary, so please only answer questions that you feel comfortable responding to****.* *Remember, there are no right or wrong answers! Thank you for your participation.*

A. Please rank the 3 kinds of violence that affect young people the most in your community:

1.

2.

3.

What is one kind of violence that youth face in your community that is important but people don't acknowledge or talk about enough? Why do you think people are more silent about that type of trauma?

What is the biggest impact on young people that experience violence in their lives? How does it impact them?

B. Please rank the 3 most common ways youth cope with violence in your community:

1.

2.

3.

When you are feeling overwhelmed because of exposure to violence in your life, who would you trust to talk to most (for example: friend, teacher, counselor, pastor, family member)? Why do you trust them?

C. Please share one thing you think adults need to understand about being a young person dealing with violence and trauma:

What is the most important thing that young people need who have experienced violence and trauma in their communities? Why?

D. Other information

Age: _____ Gender: _____ Sexual Orientation: _____

Ethnicity: _____ Zip code/ Neighborhood: _____

How many years have you lived or gone to school in Richmond/ San Pablo? _____

Thank you for participating in RYSE's Listening Campaign!

Restorative Justice/ Community Healing Circle for Richmond Youth
April 26th, 10am-4pm at RYSE

Youth Attendees (24): youth representatives from RYSE, RAW Talent, STAND, Bay Area Peacekeepers & Freedom Fighters

Facilitators + adults (6): Aran & Joe, representatives from RYSE, STAND, RAW Talent & UC Berkeley (research assistants)

Goals:
1. Build relationships across diverse group of youth leadership in Richmond
2. Listen to what youth have shared through the Listening Campaign and offer reflection of feelings, thoughts, and future actions
3. Initiate and strengthen healing steps between us and within our communities

Schedule
Morning:
1. 10am-10:30am- Breakfast and settling in
2. 10:30am-10:45am- Icebreaker: 7 questions
3. 10:45am-11:30am- Opening: our ears, hearts, leaning on each other to look at what we may want to avoid...
    a. (15 minutes) Grounding, Goals, Group Agreements
    b. (35 minutes) Pass the Palabra- Circle sharing one strength you bring to the table and can offer others, and a vulnerability or area you are working to develop more in yourself that other folks in the circle may be able to offer you something
4. 11:35-12:05pm Share out Listening Campaign emergent findings: demographics, survey, key themes, quotes, audio and review materials
5. 12:05pm-12:30- Reflective Writing exercise & identification of feelings
6. 12:30-1:15pm Small groups sharing- feelings & needs in response to findings

Afternoon:
1. 1:50-2pm- ICEBREAKER
2. 2-2:45- Share back from groups, follow up questions
3. 2:45-3:15- Action steps, where does Richmond need to go? If Richmond where your little sister, your little brother, your best friend, what would you say Richmond needs?
4. 3:15-4pm- James Baldwin quote, final go around & CLOSE
5.

"For nothing is fixed, forever and forever and forever, it is not fixed; the earth is always shifting, the light is always changing, the sea does not cease to grind down rock. Generations do not cease to be born, and we are responsible to them because we are the only witnesses they have. The sea rises, the light fails, lovers cling to each other, and children cling to us. The moment we cease to hold each other, the sea engulfs us and the light goes out."
— James Baldwin

Appendix H

RYSE Listening Campaign – Focus Groups and Interviewees

Focus Groups:

RYSE Young Leaders. RYSE is a youth-adult partnership community organization whose goal is serving the needs of young people in Richmond ages 13-21 years old. RYSE was born of a youth organizing movement in the early 2000s and has provided integrated youth services and empowerment opportunities since 2008. The RYSE young leaders are a group of young people from Richmond selected to support the different wings of RYSE's programming, including: Arts and Media, Community Health, Youth Justice, Youth Organizing, and Academic and Labor Engagement. The group consisted of ten young people including three Latino males and two Latina females, two African American females and two African American males, as well as one API female. Participants ranged in age from 16 to 21 years old.

Bay Area Peacekeepers (BAP). BAP has been working in Richmond for over a decade as a violence prevention program. They work primarily with Latino youth who are at risk of becoming gang-involved or who are gang-involved. BAP currently works out of three high schools and two middle schools across Richmond and San Pablo and serve over 300 youth annually. The Listening Campaign engaged BAP youth at Gompers High School in Richmond, a continuation school. The group consisted of three young women and four young men, all between 16-18 years old. Three of the participants identified as African American and four identified as Latino.

Standing Together Against Domestic Violence (STAND). STAND has been serving West Contra Costa County families for over three decades in confronting and reducing domestic violence in families. STAND has a prevention and early intervention wing of their work that works directly with youth who have been exposed to domestic violence in their homes and aim to work to reduce further domestic violence in their communities. The group consisted of thirteen young people ages 14-18 years old. Two African American males, three African American females, three Latina females, two Latino males, one white female and two multi-racial females participated in the group.

Women's Group, Richmond High School (STAND). STAND also runs an ongoing support program for young women at Richmond High School and asked RYSE if the Listening Campaign team would be interested in inviting the young women from their cohort to participate in an all-female focus group. Eleven young women participated, ranging in age from 14-17 years old. Nine of the young women identified as Latina, and two as African American.

Richmond Artists with Talent (RAW Talent). Richmond Artists With Talent is a spoken-word focused youth engagement program in Richmond that works with young people from 12 to 25 years old. They utilize written and verbal arts to inspire young people as well as

provide a platform for youth to reflect on and express their experiences in the world. Twelve young people from RAW Talent chose to participate in a focus group for the Listening Campaign, eleven of whom were African American and one who identified as Latina. Their ages ranged from 13 all the way to 22 years old and included eight females and three males.

Outside of these groups, further focus groups were attempted but not completed as part of the Listening Campaign. RYSE worked collaboratively to host a focus group with the Office of Neighborhood Safety (ONS), a violence prevention organization working with those most likely to be involved in gun violence, but they ultimately determined that the focus group framework would not be conducive to the young men sharing under those circumstances.

Interviewees

S, Office of Neighborhood Safety (ONS). S is a 38-year-old African American man who was raised in Richmond and after spending several of his young adult years in prison has committed himself to reducing and eliminating gun violence in Richmond. He has worked with ONS for over 7 years directly with those young people most significantly impacted by gun violence.

B and T, STAND. At the time of the Listening Campaign B and T both worked for STAND organizing prevention and early intervention efforts to reduce teen dating violence and domestic violence amongst the families they serve. B is a 24-year-old Latina, California native and recent graduate from UC Berkeley who has focused on serving minority and marginalized youth since High School. T is a 35-year-old Latina who is currently serving as the Director of Youth Services for STAND's WCCC prevention program. She has been working with youth and families in Richmond for over 10 years.

R, Youth Services Bureau. R is a 65-year-old African American man who is current director of programming at a local community mental health agency serving Richmond families. R has been working in Richmond for 30 years, serving Richmond youth in multiple roles and is profoundly by members of the community for the years and generations of service he has provided.

L, RAW Talent. L is a 30-year-old white woman who is the founder and director of RAW Talent, a Richmond-based, youth-focused poetry and writing organization whose aim is to elevate youth voice and provide safe opportunities for youth expression. She has been working directly with youth in Richmond for over 7 years and has overseen RAW Talent grow from a small afterschool program to a nationally recognized, award-winning community and youth empowerment organization.

D, RAW Talent. D is a 23-year-old African American writer, musician and playwright born and raised in Richmond. He currently works with RAW Talent writing, and teaching poetry and acting to young people in Richmond.

M, RYSE. M is a 22-year-old African American woman whose family has spent generations in Richmond. She is currently working at RYSE as a Youth Justice Advocate supporting young people and their families as they navigate the criminal justice system.

Additionally, two staff members from Bay Area Peacekeepers—one young adult and the other the founder—were unable to schedule time for individual interviews; instead they were present in the Bay Area Peacekeepers focus group and participated intermittently. Their information is included here:

G, BAP. G is a 45-year-old Latino man born and raised in Richmond. Having been raised through generations of gang violence and incarceration, G decided to initiate violence interruption processes for youth in Richmond, co-founding Bay Area Peacekeepers in 2005 as a multi-site program designed to work with young people from 12-20 years old who are most at risk for gang involvement and provide mentorship and alternative supports systems to gangs.

J, BAP. J is a 24-year-old Latina woman whose family has lived in Richmond for generations. She was raised in a gang-affiliated family and was formerly affiliated herself. J currently works with BAP leading violence interruption and prevention programming at Gompers High School.