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Crossing the chasm: engaging Black men survivors of gun violence in mental health services

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ABSTRACT

Background Despite being high risk for post-traumatic stress disorder, Black men survivors of gun violence, and particularly young men aged 18–24, seldom participate in mental health services after injury. The aim of this study was to identify barriers to participation in mental health services for this population.

Methods Over a 2-year period, 1 hour-long focus group was conducted with three counselors of the local hospital-based violence intervention program and 21 individual, semistructured in-depth interviews were held with Black men who were hospitalized for a firearm-related injury. All interviews were recorded and transcribed. Transcripts were coded using open coding and grounded theory methodology and ultimately grouped into themes using MAXQDA V.2022 software.

Results Median age of participants was 34 years (IQR=11). Barriers to participation revolved around competing priorities/stressors, expense, difficulty with trust and openness and the demands of street life. Motivating factors included cultural competence, persistence, availability, reliability and genuineness of the therapy staff. Most participants denied negative social stigma of therapy as a barrier but emphasized that the individual must value therapy to participate. Young, Black men were perceived as struggling with self and peer-imposed views of masculinity that conflicted with therapy participation.

Conclusion Black men who have experienced violent firearm injury face strong social pressures that conflict with participation in mental health services. Programs must be integrated with other social services and be responsive to community conditions to be successful.

Level of evidence IV

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Black men experience disproportionately high rates of urban gun violence, leading to a high incidence of post-traumatic stress disorder. Despite these risks, Black men are under-represented as recipients of mental health services.

WHAT THIS STUDY ADDS

⇒ This study uses rigorous qualitative methodology to explore the barriers to participation in mental health services among Black men who experienced gun violence. Using 21 qualitative interviews, key themes were competing priorities, difficulty with trust and the opposing demands of street life.

HOW THIS STUDY MIGHT AFFECT RESEARCH PRACTICE OR POLICY

⇒ Hospital-based violence intervention programs (HVIPs) are critical to expanding mental health services for this population; these findings can shape HVIP programming to enhance participation.

BACKGROUND

Gun violence is one of the leading causes of death in the USA and disproportionately affects communities of color. According to the Center for Disease Control and Prevention, in 2022, firearm-related deaths were in the top five causes of death among adults under the age of 44 and were the leading cause of death among children and teenagers under the age of 19.[1] Additionally, between 2019 and 2021, individuals of Black or African American race experienced the greatest increase in firearm-related homicides.[2] Young Black men (YBM) ages 18–24 years are at higher risk for firearm injury than any other demographic in the USA and, once injured, are more likely to experience re-injury.[3 4]

Urban trauma centers play a major role in the gun violence epidemic through the implementation of interventions aimed at injury prevention. One method is through hospital-based violence intervention programs (HVIPs), which offer an array of psychological services that can interrupt the cycle of violence at a time when the individual is thought to be most receptive to engaging in HVIP services. A core component of this process is improving mental well-being. Post-traumatic stress is experienced by over 40% of traumatically injured patients and places a greater psychological toll on those who experience an intentional injury.[5 6] Untreated mental illness is a risk factor for violent injury and crime, and Black men experience disproportionately high rates of both.[7 8] This, coupled with lack of access to mental health services and poor social support networks, exacerbates mental illness in this vulnerable population.

Despite the growth of HVIPs nationwide, there is little guidance on how to develop effective mental health programs for Black men who have been victims of violence. The Hospital Alliance for Violence Intervention, the national umbrella organization for HVIPs, does not provide guidance on how to incorporate psychotherapy and mental wellness into programming. There is little to no research on how to engage Black men who have experienced intentional injury in mental health services, which takes into consideration their unique social context

and biopsychosocial stressors. With the aim of providing guidance to HVIPs and other community organizations to improve the effectiveness of their mental health programs, we conducted a qualitative study to understand the barriers to engaging Black men survivors of gun violence, and particularly those aged 18–24, in mental health services.

METHODS

Setting

This was a prospective, qualitative study conducted at a level I trauma center that treats a high volume of individuals who are injured due to gun violence. From 6000 admissions a year, approximately 1000 (17%) are due to violent injury. In 2022, there were 519 injuries due to gun violence, from which 140 victims (27%) were YBM aged 18–24 years and 48 victims (9.2%) were YBM <18 years old. An HVIP, which has been active since the 1990s, is available to all victims of violence.[9] At any one time, there are approximately 50–60 individuals on the HVIP caseload. We have previously reported on the challenges faced by our HVIP, particularly due to the pressures imposed by the COVID-19 pandemic.[10] At the start of this study in November 2021, the HVIP was staffed by one community responder and three violence intervention specialists (VIS). By the end of the study, all three VIS had left the HVIP and a new VIS was tasked with providing services to all violence victims. As a result of staffing shortages, the ability to provide counseling services as part of the HVIP was eliminated approximately halfway through the study. The current model for providing mental health services for violence victims is to refer individuals who report a desire for counseling or mental health services to community organizations that provide individual and/or group therapy services.

Participants

Local Institutional Review Board/ethics approval was provided under the study identification number HP-00094599 and informed consent was obtained from all participants prior to initiating study activities. Study eligibility included Black men aged 18–50 years who had been victims of gun violence within the past 5 years and had been treated at our trauma center. The study staff prioritized recruiting YBM to gain more insight into challenges facing this subpopulation as it pertained to mental health services. Apart from one participant, the majority were recruited and interviewed during their index hospitalization after injury. Consent was obtained by study staff prior to participation.

An hour-long focus group was conducted with the HVIP team, which at the time included one community responder and three VIS. All three VIS had experience providing counseling to violence victims. Forms of counseling provided included cognitive behavioral therapy, motivational interviewing and dialectical behavioral therapy. All participants in the focus group had lived experience in local communities disproportionately impacted by gun violence.

Study activities

The study consisted of in-depth interviews lasting anywhere from 30 minutes to an hour that were conducted from November 2021 through March 2023. Twenty individuals participated during their hospitalization for injuries sustained from gun violence and one individual participated on an outpatient basis. These interviews were administered by the principal investigator as well as trained research staff who had experience with the study population. All interviews were recorded and transcribed. Although a loose script was provided for the interview, the interviewer was encouraged to improvise and change questions based on the participant's interests and flow of the conversation. The goal provided to the interviewer was to gain an understanding of the participant's views of and experiences with counseling and mental health services. Emphasis was also made on understanding the unique challenges faced by YBM, including from the viewpoint of participants >24 years old.

Data analysis

All transcribed interviews were uploaded into MAXQDA V.2022[11] transcription software and coded into themes using the grounded theory methodology. Each individual interview was coded by two authors. The coders were in the medical field and had experience working with the study population. In grounded theory, no predefined themes exist but rather a close reading of the transcription is performed, and codes are assigned to short segments of text. Similar codes are grouped together, which eventually leads to the generation of multiple themes. Case worker notes maintained by the HVIP from April 2017 through March 2021 and memos maintained by the principal investigator throughout the course of the study were also entered into MAXQDA, coded, and grouped into themes. These were compared with the themes uncovered during analysis of the interviews to achieve triangulation. Thematic groupings were performed by the principal investigator, after all coders had submitted their unique line-by-line codes. These were then assembled to create an overall framework to understand the challenges and opportunities to engage Black men survivors of gun violence in counseling services. We estimated that the participation of 20 Black men gun violence victims would achieve study saturation, meaning that additional data collection beyond that sample size would not yield any new findings. The Standards for Reporting Qualitative Research was used when preparing this manuscript and is provided in the supplemental appendix.

RESULTS

The median age of gun violence survivors (heretofore known as participants) was 34 years (IQR=11), and 3 of the 21 participants were between 18–24 years. Key themes uncovered during data analysis pertained to internal and external factors that hindered participation as well as motivating factors for participation. Discussions with both counselors and participants revealed a tension between externally imposed expectations of Black men and their internal desire for mental health services.

Barriers to participation

Participants and counselors identified several barriers to engaging Black men in therapy or counseling services. These barriers could be categorized into internal factors related to the self and external factors related to the environment. These external factors included stigma, therapist qualities and social expectations. A pictorial representation of barriers to participation by individual (internal), and social, stigma and therapist (external) factors is shown in figure 1.

Internal factors

Several participants and counselors brought up the presence of more pressing concerns that deprioritized therapy. Legal issues, unemployment, financial strain and housing instability were listed as just a few factors that may be prioritized over therapy. Both counselors and participants underscored the importance of addressing other priorities either prior to or concomitant with

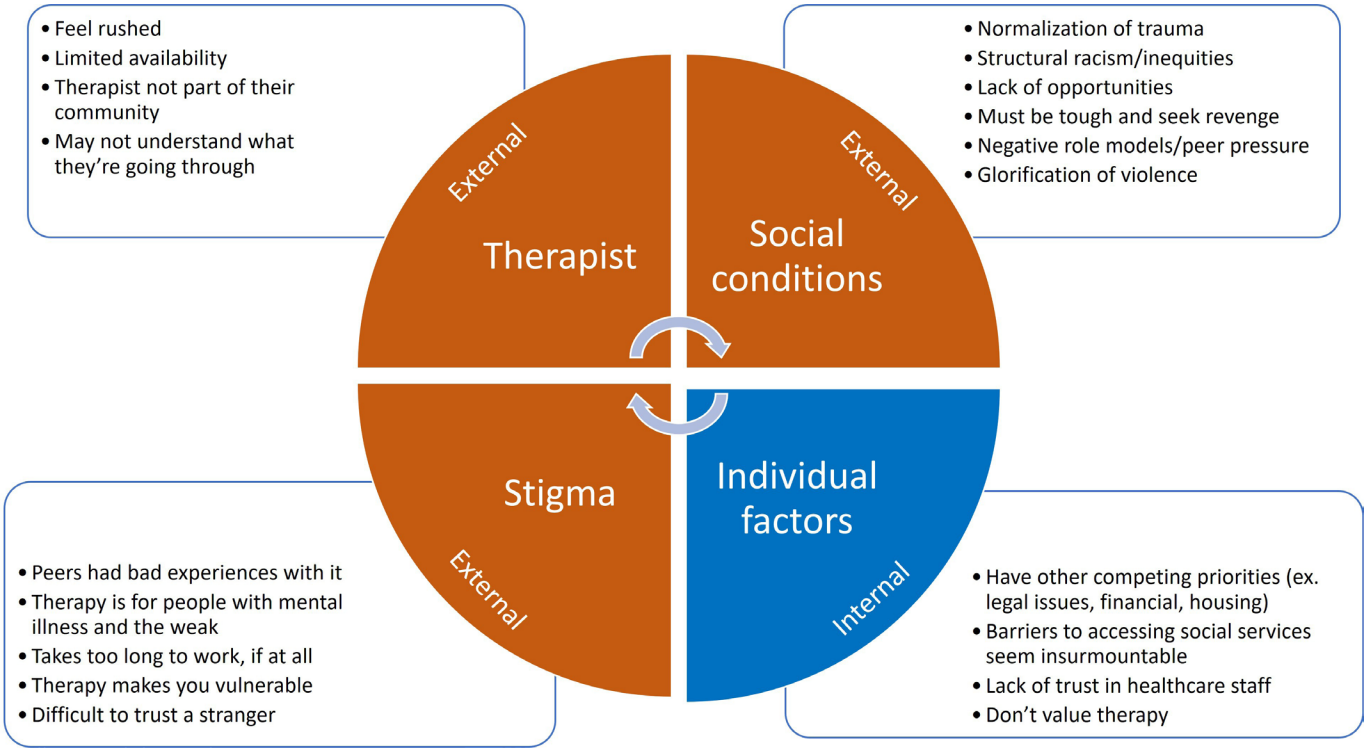

Figure 1 Themes related to barriers to participation in mental health services by Black men who have been victims of gun violence grouped by external (social expectations, stigma and therapist) and internal (individual) factors.

mental health services. Repeatedly there was mention of lack of trust in healthcare staff and fatigue with the social service infrastructure as hindrances to participation. One counselor described it as follows:

> …they go to social services and sit in housing departments all day, and be treated a certain way, and the workers are overstressed and overworked…and to say that we're coming to offer something, we're not the first people to do that…it's someone else coming to ask something.

Several participants brought up being disappointed or abandoned by therapists or other social service providers in the past, and that establishing the trust and openness required for therapy would be difficult for them and other Black men due to prior negative experiences. One participant described it as follows:

> …asking for help is hard…Especially if you believe that you're gonna get it, and then you don't, then you …go back to the same [expletive]

Another common thread was the importance of an individual recognizing the value of therapy for them to seek it. As stated by one study participant:

> A lot of people don't think they need it. They're focused on other stuff…so if you approach them, they won't be interested. They've got to realize that something is wrong in their life or want to change their life for the better.

External factors

Although most participants were receptive to the idea of counseling and mental health services after experiencing trauma, they repeatedly brought up the negative stigma against therapy among individuals in their community. Few individuals or their loved ones had had positive experiences with therapy, with some stating they felt rushed, they struggled to get an appointment, and that the therapist did not understand their community or their lived experiences. Some felt that a therapist's services were more appropriate for someone with a known mental health diagnosis rather than after experiencing gun violence.

One participant stated:

> Men in my community think therapy is weak. When they get shot, all they want to do is get more guns and chase down the people who did that to them. They think that's what being a man is.

Several individuals brought up the normalization of community violence and that a firearm injury is not seen as a traumatic experience. One counselor stated:

> …they don't believe that this is actual trauma…they think that this event that happened to them is a level of normalcy…Actual therapy is not what they think is going to fix the situation because they think this should have happened…I'll be fine.

There was repeated mention of structural inequalities in the predominantly Black communities that predispose individuals to gun violence. Police misconduct, policies that lead to unjust allocation of resources and the lack of financially viable job opportunities outside of crime and drug dealing were listed as structural factors that put Black men at risk for gun violence.

One participant commented:

> It's a trust thing around this city, and don't nobody trust nobody in power.

Another participant said the following:

> The whole justice system here is crooked so don't nobody even trust to even deal with them.

Another participant described challenges he's faced:

> …this city makes it so tough, there's not even no recreation centers…The little league football we coaching, we had to pay for

everything ourselves. Then you got the cops coming around saying drug dealers did that, but what is the city and the community doing?

Tension between internal and external factors

Both counselors and participants emphasized the conflicting aspects between counseling or mental health services and the societal pressures felt by Black men. The expectation for an individual to reveal his deepest emotions during a therapy session was described as contrasting starkly with the social expectations of men to be tough and emotionally unshakeable. Being receptive to therapy, in turn, was perceived as making them seem weak to their peers. One counselor described it as follows:

> …it's [therapy] a huge vulnerability…You're changing the way they think…and that's in turn lowering their defenses when…they have to be on guard…they're no longer thinking like the people they have to encounter.

Participants heavily emphasized the demands of street life, social expectations for men in their community and how external pressures made it difficult to connect with a therapist. One participant stated the following:

> My mindset ain't about therapy. I believe therapy can work for some things,…but for the streets? Therapy ain't gonna do nothing for that…the therapist…don't understand the thought processes to tell me what to do…You think like an animal out there.

Several comments revolved around the social expectations to seek revenge rather than help after a shooting, that men who show emotions are weak, and that seeking therapy makes an individual more vulnerable to attack.

One participant stated:

> I'm used to bottling stuff in. That's really the only way. When you're ripping and running the streets, that's the only way we go to deal with stuff.

Some participants described feeling pressure to defend their honor after getting shot and that young men in particular used violence as a way of proving their value among their peers.

A participant described individuals in his community seeking violence as follows:

> It's…a person trying to prove themselves…people do stuff like this so that people will hear about it and then be like 'I'm not going to mess with him, he shoot people'.

There was a sense of reluctant acceptance among the participants regarding the dangerous conditions of their environment and how that predisposed Black men to violent injury.

One participant described how there may be apathy towards therapy due to the normalization of violence:

> I think they [Black men] think that…this [getting shot] is normal. Go to therapy for what? This is what happens. You get used to it.

Motivating factors

There were several overarching themes regarding motivating factors for Black men to participate in therapy. A diagram that highlights the main themes related to improving participation in mental health services (motivators for therapy) is shown in figure 2, which can be divided into external factors consisting of the therapist, stigma and society, and internal factors related to the individual. Some of these themes were generated in response to the barriers identified in the previous section.

One topic that was frequently mentioned was the cultural competency of the therapist. Most participants felt the gender or lived experiences of the therapist were not as important as the effort the therapist made in understanding the community context and environmental conditions faced by the survivor.

One participant said the following:

> You [the therapist] don't got to be a part of it…the hood…you just [should] know what's going on…he [the therapist] don't have to live it, he gon' have to talk to somebody, read something…he can't just go off of what he think.

One person described genuine care and persistence on the part of the therapist as a snowball effect that could have positive effects on others:

> …it's a trust thing, you just gotta keep…wheeling them in…just keep trying to encourage them like how…important it is. And I believe…one person can change [others], people are followers a lot…

Aside from persistence, consistent availability of the therapist was seen as an important factor in trust building and establishing a connection. Several participants mentioned not giving up on the survivor, remaining positive and encouraging and showing care even if they may not seem as engaged. One participant brought up a negative experience with a past therapist:

> …I realized like I'm not ready to keep coming all the way out here to talk about…nothing. They don't even want me there, all they wanna do is give me the…prescription.

As it pertains to the individual, some participants stated that seeing an improvement in themselves would motivate them to keep participating as well as if they knew peers in therapy or met individuals with similar experiences to them who had positive experiences with therapy. Removing the negative stigma associated with therapy was seen as a potential motivator. Several individuals felt that having positive role models in the community might encourage more prioritization of mental health.

One participant said:

> Once they see the change in me or the thought process…they'll ask for the therapist, like 'lemme talk to her.

DISCUSSION

This qualitative study assessed the thoughts and beliefs of counselors at an HVIP and Black men survivors of gun violence who were hospitalized at a level 1, urban trauma center in Baltimore on barriers to participation in mental health services. Our findings revealed several environmental and personal challenges faced by Black men survivors of gun violence but also presented several alternative approaches that could be used by the HVIP to increase participation in mental health services. The challenges of negative social stigma and expectations of peers, competing priorities and difficulty establishing a trusting relationship with a stranger were thematic among the Black men. A common theme was the tension between the demands of street life to act tough and the vulnerability associated with engaging in therapy. Mental health programs that employ therapists who demonstrate reliability, genuine care and respectful persistence while also supporting other non-mental health concerns were felt by participants to be most likely to be successful.

Several therapy models exist for violently injured patients, but their effectiveness in this population is unknown. The Sanctuary Model, which has been adopted by Healing Hurt People, an HVIP in Philadelphia, was developed for violently injured youth living in a residential treatment program.[12] The approach that was used was to separate them from their environmental

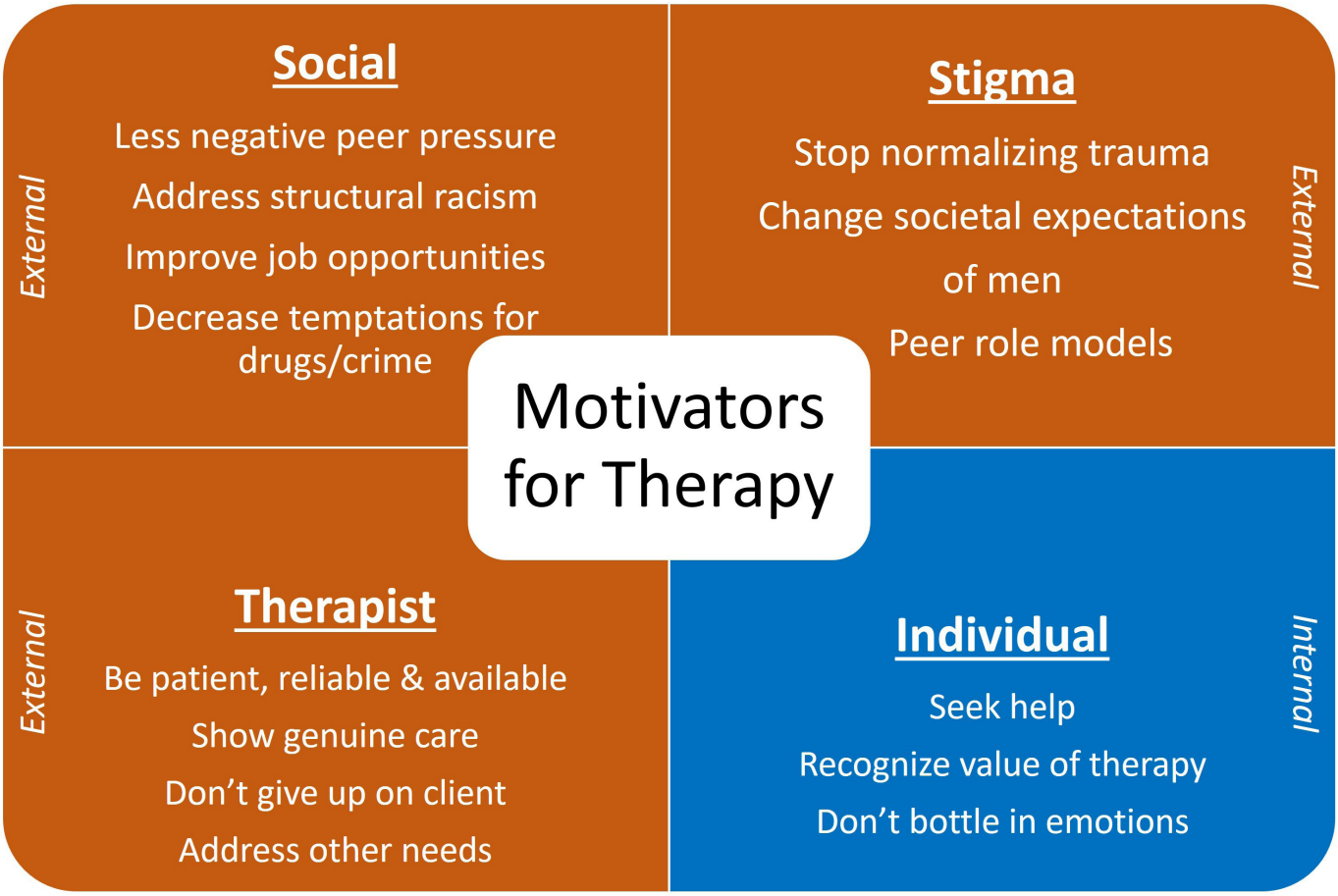

Figure 2 Themes related to motivators for Black men's participation in mental health services after experiencing gun violence grouped by internal (individual) and external (societal, stigma and therapist) factors.

stressors. Another method of therapy adopted by HVIPs is the Male Trauma Recovery Empowerment Model, which has only been evaluated in incarcerated men with substance use disorders.[13] Most therapy models have been studied in highly selective populations that are unlikely to experience recurrent traumatization.[14] Peer support groups, such as the peer healing circle implemented by Roca, an organization in Baltimore, Maryland, may be beneficial but have yet to be fully evaluated.[15] To date, there has been no assessment of the mental health services, if any, provided to victims of gun violence by an HVIP.

HVIPs face numerous barriers to engaging victims of violence in prevention services such as mental health. As previously stated, our own HVIP experienced challenges with staffing and resources, which were exacerbated by the COVID-19 pandemic.[10] Although these issues undoubtedly contribute to program effectiveness, there are several other factors that influence a violence victim's receptiveness to services. We recently evaluated an alternative approach to enrolling participants in the outpatient clinic and noted an abysmally low recruitment rate of 11.9%.[16] A similarly low rate of long-term engagement has been noted for other HVIPs.[17] For injury prevention services to be effective in this population, issues with recruitment and retention must be addressed.

The importance of providing mental health services for individuals who have experienced gun violence cannot be overstated. A study of an HVIP based in San Francisco found that over 50% of their 459 clients identified mental health services as their top concern after a violent injury.[18] A separate study of long-term outcomes of firearm injury victims found that 48.6% screened positive for post-traumatic stress disorder (PTSD).[19] Traumatic interpersonal events have been shown to be highly linked to the development of PTSD, and individuals of low socioeconomic status are more likely to experience recurrent violence and have less access to mental health services.[14] Black men, and in particular YBM, are at greatest risk for experiencing repeat gun violence victimization, which predisposes them to high rates of PTSD.[4 20] Many of the comments made by participants in this study evoked concepts of Black masculinity and toxic masculinity, defined by self or society-imposed expectations of heteronormative, traditional male behavior. These behavioral expectations have been implicated in significant psychological and physical harm for Black men.[21 22] It is crucial that HVIPs develop effective mental health programming that accounts for the unique experiences and vulnerabilities of this population.

There are some limitations to this study that must be noted. We were unable to recruit a large sample of young, Black men, the most at-risk demographic, for this study, and hence had to focus on the thoughts and experiences of Black men overall. Their viewpoints may not accurately represent the viewpoints of Black men aged 18–24 years. Although this study aimed to shed light on how to improve the effectiveness of mental health services provided by an HVIP, we did not use a validated or evidence-based psychotherapy model for violently injured Black men. As a result, one limitation of the study is that we cannot provide any specific recommendation regarding the effectiveness of psychotherapy models to address mental health among violently

injured Black men. The numerous challenges with HVIP staffing and study recruitment and retention limited data collection to one wave of interviews. Without additional longitudinal data, we were unable to assess how the perspectives of participants may have changed over time. As with any qualitative research, it is impossible to completely remove researcher bias from influencing the interpretation and coding process. Grounded theory methodology aims to reduce researcher influence on the results but cannot remove it entirely. Although our authorship includes several individuals with experience working with this population, only one author identifies as a Black man, which may have also adversely affected relationship-building with the study population and influenced the interpretation of the results. Trusting, longitudinal relationships are key to deeply understanding the thoughts and behaviors of gun violence victims, which could not be established in the short timeframe of this study.

CONCLUSION

This study represents one of the first efforts to understand the barriers to engaging Black men survivors of gun violence in mental health or counseling services. Successful HVIP programs should employ reliable, caring clinical staff who understand the community context, address non-mental health concerns concomitant to mental health concerns, and be cognizant of the societal pressures placed on Black men, and YBM in particular, who have been victimized. Although more research in this population is needed, we hope that community organizations and HVIPs nationwide can use this knowledge to build effective mental health programs.

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Contributors MH contributed to idea generation, data collection, data analysis, manuscript writing and editing. EM contributed to data collection, data analysis and manuscript writing and editing. CT, AV and CH contributed to data collection and analysis. JR and TS contributed to idea generation, manuscript writing and editing. MH is the guarantor.

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Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants and was approved by HP-00094599, The Institutional Review Board of University of Maryland, Baltimore. Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer-reviewed.

Data availability statement Data are available upon reasonable request. Data for this study consist of codes that are extracted from transcribed interviews and then grouped into themes. The senior author can be contacted for data requests.

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