


Lived experiences of people impacted by gun violence: qualitative analysis of the prescriptions for repair project

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ABSTRACT

Background Restorative justice interventions can help address the harm created by gun violence, although few restorative justice programs focus solely on survivors or loved ones of victims of gun violence. Our aim was to assess how gun violence impacts those injured by firearms through qualitative analysis of their lived experiences.

Methods From August 2022 to October 2023, we operated a program entitled Prescriptions for Repair in Durham, North Carolina, USA, which was supported by community groups, public government, and academia. Through a series of structured listening sessions using a restorative justice framework, trained community-based facilitators helped 30 participants (11 survivors of gun violence and 19 loved ones of victims of gun violence) tell their stories through a non-judgmental narrative process. We conducted a qualitative thematic analysis of the listening sessions from 19 participants to define the major lessons learned from survivors of gun violence. We summarized participant responses into individual-level and community-level views on how to ‘make things as right as possible’.

Results The lived experiences of gun violence survivors and their loved ones confirmed the inherent value of structured listening programs, how poverty, race and racism impact gun violence, and the need to focus resources on children and youth.

Conclusions Listening to the survivors of gun violence through restorative justice programs can help address the personal and community harm resulting from gun violence.

Level of evidence Level IV, prospective observational study.

INTRODUCTION

In recent years, the rates of gun violence have increased across the USA, particularly in communities of color.^{1,2} Various programs have been implemented to address the epidemic of gun violence, including community mediation, hospital-based violence intervention programs (HVIPs), street conflict interruption, and restorative justice interventions.^{3,4}

Restorative justice focuses on repairing the harmful effects of crime, incorporating the agency of those harmed by others, and supporting the restoration of underlying relationships.⁵ Most

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Restorative justice focuses on repairing the harmful effects of crime, incorporating the agency of those harmed, and supporting the restoration of underlying relationships.
- ⇒ However, the lived experiences of those most impacted by gun violence remain poorly understood.

WHAT THIS STUDY ADDS

- ⇒ In this study, we used a restorative-justice-based series of listening sessions and qualitative analysis to learn from the lived experiences of firearm-injured patients and their loved ones.
- ⇒ The lived experiences of those impacted by gun violence confirmed the inherent value of structured listening programs, how poverty, race and racism impact gun violence, and the need to refocus resources on children and youth.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Our findings suggest listening to the survivors of gun violence and their loved ones through a structured listening program can help address the personal and community harm resulting from gun violence.

restorative justice programs bring together people experiencing conflict with those who commit the action to collectively address the harm created by the violence.⁶ However, an encounter between a “victim” and an “offender” is not always possible in the aftermath of gun violence.⁷ Few restorative justice programs are directed solely at gun violence survivors.^{8–11}

Although researchers are increasingly recognizing the value of lived experiences in many areas, the lived experiences of those impacted by gun violence victims remain poorly understood.^{12,13} From August 2022 to October 2023, we operated a program entitled Prescriptions for Repair (P4R), supported by a partnership of community groups, local government, and academia. Through a series of structured listening sessions, community-based facilitators helped survivors of gun violence or their loved ones tell their stories through a non-judgmental narrative

process. Our aim for this report was to assess how gun violence impacts those injured by firearms through qualitative analysis of their lived experiences.

METHODS

Overview

The P4R program supported a series of structured listening sessions between community facilitators and victims of gun violence or their loved ones. This pilot program was operated from August 2022 to October 2023. The listening sessions were conducted using a restorative justice framework to allow the participants to share their lived experiences and develop their own personal and community “Prescriptions for Repair”. Our aim for this report was to assess how gun violence impacts those injured by firearms through a phenomenological qualitative analysis of their lived experiences.

Setting

This program was conducted in Durham County, North Carolina, USA. As of 2020, the population of Durham County was 324,833, with a racial composition of 55% white, 35% black, 6% Asian American; 14% are Hispanic or Latino.¹⁴ From 2017 to 2021, there were 1188 shooting victims in Durham County, and the majority of perpetrators were men (86%), black (85%), and aged 18–35 years (62%).¹⁵

P4R was operated through a public/private partnership between Duke University, North Carolina Central University (NCCU), the Department of Community Safety of the City of Durham, and a community group called Restorative Justice Durham.

Population

Participation in P4R was offered to: (1) survivors of gun violence (>17 years of age) who were injured and/or resided in Durham County, or (2) loved ones (>17 years of age) who were either family members or relations of victims of gun violence, and who resided in Durham County. We identified 47 potential participants via the Duke Hospital HVIP, community networks, social media, and public announcements, and 30 participants enrolled in the program. We did not dictate a set number of participants for this project, rather we offered participation to all interested participants for the 18-month pilot trial. Although we had access to trained interpreters, all participants spoke English. We collected self-reported demographic information (age, date of gun injury, race, ethnicity). No protected health information was collected.

Program facilitators and training

We recruited community-based facilitators through community networks and public announcements. Six facilitators had social work training. All facilitators underwent 6 hours of training directed by Restorative Justice Durham staff, including restorative justice theory, program operations, and non-judgmental listening strategies. Facilitators learned tools to minimize risks of triggering, including prefacing (eg, explaining that questions may be asked about sensitive topics), and screening for follow-up (monitoring for triggering and referral to support services).¹⁶ As most facilitators were white, we attempted to have at least one black facilitator as part of each listening session. In total, 65% of the listening sessions had at least one black facilitator.

Listening sessions

Each listening session was held with one to two facilitators and one survivor of gun violence or a loved one. Each participant

was offered one to four listening sessions for 1–2 hours each (maximum 8 hours), with the decision to continue to a total of four sessions at the discretion of participants and facilitators. Most sessions were conducted in a protected room in a public library, although sessions were held for two participants in their homes due to mobility limitations. All sessions were audio-recorded and transcribed using OtterAI (Mountain View, California, USA), with all identifiers (name, address, etc) removed. The listening sessions were formatted into three parts, (1) introduction, (2) discussion, and (3) conclusion.

Introduction

At the start of each session, facilitators confirmed support for the core values of P4R, including respect, integrity, community, and compassion. Facilitators discussed program guidelines, including the importance of listening to understand and not to respond, and that lessons learned from the program can leave the listening session but stories cannot protect confidentiality.

Discussion

The majority of each listening session was a semi-structured discussion between facilitators and participants. Facilitators summarized the core questions to be addressed using a traditional restorative justice framework,¹⁷ including:

- ▶ What happened?
- ▶ What were you thinking and feeling then and now?
- ▶ Who has been affected and how?
- ▶ What needs to be done to make things as right as possible?

Conclusion

Towards the end of each session, facilitators summarized the information from that session. Decisions were collectively made by participants and facilitators to follow-up with additional sessions or referral to social support services.

Data analysis

To analyze transcripts, we performed thematic content analysis.^{18–19} To develop a codebook, dominant codes and subcodes were inductively developed by three researchers using transcripts from the first three participants, with codes discussed with three additional researchers, two of whom had experience in qualitative research.

Coding followed a three-cycle process. For the first cycle, we used open, exploratory, and verbatim coding to characterize participants’ experiences. For the second cycle, we developed axial subcodes by categorical, conceptual, and thematic organization. For the third cycle, we identified the most frequent and significant codes to inform salient data categories and dominant themes (online supplemental appendix). To ensure the durability of themes, two experienced qualitative researchers reviewed codes from three participants to confirm alignment with the codebook.

We categorized each main code as one of the four restorative justice questions (What happened? What were you thinking and feeling then and now? Who has been affected and how? What needs to be done to make things as right as possible?) using directed content analysis.¹⁸ We coded all transcripts from 19 consecutive participants (participants 4–22) for analysis until reaching data saturation per Guest *et al.*²⁰

For this article, we limited analysis to the fourth restorative justice question, namely “what needs to be done to make things as right as possible?” We separated subcodes into individual-level and community-level responses. We used NVivo V.14 (Lumivero,

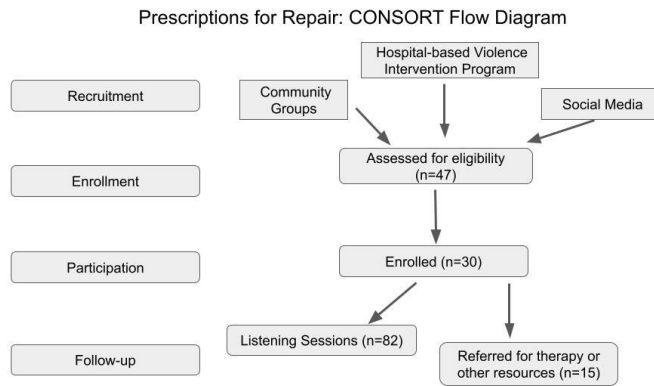


Figure 1 CONSORT flow diagram. Flowchart showing recruitment, enrollment, participation, and follow-up throughout the Prescriptions for Repair program. CONSORT, Consolidated Standards of Reporting Trials.

Denver, Colorado, USA) for data organization. To confirm data quality, we assessed intercoder reliability (Cohen’s kappa statistic) among three coders for the sessions from participants 4 and 5. Coding discrepancies were adjudicated to ensure a minimum kappa statistic of at least 0.8 (80% agreement). The frequency of each code and representative quotes were summarized.

Human subjects protection

Subject participation was voluntary. We obtained an exemption from Institutional Review Board review from the Duke University Health System Institutional Review Board. Participants were enrolled after program discussion and verbal informed consent. Participants and facilitators received US\$25/hour for their time. This research was conducted under the EQUATOR Standards for Reporting Qualitative Research checklist.

RESULTS

The P4R program offered enrollment to 47 people, with 30 participants enrolled (figure 1). Of these 30 participants, 11 were survivors of gun violence and 19 were loved ones of victims of gun violence. The survivor participants were predominantly black, young, and men (table 1). The loved one participants were all black and predominantly women (table 1). The 28 facilitators were predominantly white/Caucasian and women (table 2). We conducted a total of 82 listening sessions. Half of the participants (n=15) were referred for additional therapy or other community resources.

We coded transcripts from 19 consecutive participants (participants 4–22) for analysis to reach data saturation. Our final dataset included 51 listening sessions, which totaled 69 hours and approximately 1200 coded statements. To confirm data saturation, we estimated a minimum base size of four listening

Table 1 Participant demographics

Number	Age at time of injury (years)	Race	Sex/gender	Survivor	Relation to injured person
1	30s	Black	Female/woman	Yes	
2	20s	Black	Male/man	Yes	
3	40s	Black	Female/woman	No	Mother and grandmother
4	40s	Black	Female/woman	No	Mother
5	30s	Black	Male/man	Yes	
6	30s	Black	Female/woman	No	Multiple family members
7	50s	Black	Female/woman	No	Mother
8	60s	Black	Female/woman	No	Mother
9	20s, 60s (two events)	Black	Male/man	Yes	
10	30s	Black	Female/woman	No	Loved one
11	20s	Hebrew/Israelite	Male/man	Yes	
12	Teens	Black	Male/man	No	Nephew
13	20s	Black	Female/woman	No	Multiple family members
14	Teens	Black	Female/woman	No	Family member
15	40s	Black	Female/woman	No	Girlfriend
16	40s	Black	Male/man	Yes	
17	20s	Black	Female/woman	No	Girlfriend
18	30s	Black	Female/woman	No	Multiple family members
19	40s	Black	Female/woman	No	Loved one
20	Teens	Black	Male/man	Yes	
21	30s	Black	Male/man	Yes	
22	30s	Black	Male/man	Yes	
23	30s	Black	Female/woman	No	Sister
24	30s	White	Male/man	Yes	
25	60s	Black	Female/woman	Yes	
26	40s	Black	Female/woman	No	Mother
27	40s	Black	Female/woman	No	Niece
28	20s	Black	Female/woman	No	Multiple loved ones
29	Teens	Black	Male/man	No	Multiple loved ones
30	20s	Black	Female/woman	No	Loved one

Self-described demographics of participants in the Prescriptions for Repair program.

Table 2 Facilitator demographics

Number	Sex/gender	Age (years)	Race	Ethnicity
101	Female/woman	70s	White/Caucasian	Non-Hispanic
102	Female/woman	20s	White/Caucasian	Non-Hispanic
103	Male/man	70s	White/Caucasian	Non-Hispanic
104	Female/woman	60s	Black	Non-Hispanic
105	Female/woman	40s	Black	Non-Hispanic
106	Female/woman	40s	White/Caucasian	Non-Hispanic
107	Female/woman	70s	White/Caucasian	Other
108	Female/woman	20s	White/Caucasian	Non-Hispanic
109	Female/woman	60s	White/Caucasian	Non-Hispanic
110	Female/woman	20s	Black	Non-Hispanic
111	Female/woman	70s	Black	Non-Hispanic
112	Female/woman	60s	Black	Non-Hispanic
113	Male/man	20s	White/Caucasian	Non-Hispanic
114	Female/woman	60s	White/Caucasian	Non-Hispanic
115	Male/man	60s	White/Caucasian	Non-Hispanic
116	Female/woman	70s	White/Caucasian	Non-Hispanic
117	Female/woman	30s	Black/White	Non-Hispanic
118	Female/woman	60s	White/Caucasian	Other
119	Female/woman	80s	White/Caucasian	Non-Hispanic
120	Female/woman	40s	Not reported	Hispanic
121	Female/woman	60s	White/Caucasian	Non-Hispanic
122	Female/woman	30s	White/Caucasian	Non-Hispanic
123	Female/woman	50s	White/Caucasian	Non-Hispanic
124	Female/woman	30s	Black	Non-Hispanic
125	Female/woman	70s	Not reported	Other
126	Female/woman	60s	White/Caucasian	Hispanic
127	Female/woman	60s	Black	Non-Hispanic
128	Female/woman	30s	Black	Non-Hispanic

Self-described demographics of facilitators in the Prescriptions for Repair program.

sessions for the information already gained.²⁰ The run length was defined as three consecutive sessions for new information. The listening sessions were used as the primary unit of analysis with the codes and subcodes as the items of analysis, which allowed a threshold such that each session beyond six yielded <5% new information.²⁰ Intercoder reliability was confirmed using the three sessions of participants 4 and 5, and we found an average kappa statistic of 0.88.

The results of the transcripts of the individual-level and community-level responses of “What needs to be done to make things as right as possible?” are summarized below.

Individual-level prescriptions for repair

We noted 375 references which were summarized as individual-level responses to “what needs to be done to make things as right as possible?” (table 3). We sought to capture the ways gun violence survivors and loved ones spoke to their personal healing needs. Frequently cited codes and themes are summarized below.

Talking/safe space/therapy

Many participants cited the importance of talking to others, with several respondents stating that participation in P4R itself was healing. Several participants described a profound lack of connection with others and detachment since the gun violence event. Most respondents valued the opportunity for talking/safe space/therapy much more than speaking with perpetrators of the crime (95 references vs 17, respectively). A representative quote in this area includes:

I thought I was going to come into these sessions and just say, this happened, this happened, this happened...It has been incredibly enlightening to be here with you both to feel accepted by you.
Participant 15

Religion/spirituality

For many participants, the roles of religion, mindfulness, and religion were instrumental in their healing. These practices were summarized by participants as protective, serving as a means of understanding, healing, and coping. A representative quote in this area includes:

It’s all about God at the end of the day, ‘the Lord will fix it all.’... Because I feel like if you live right, do the right thing, you’re gonna make it. Participant 4

Practices of grief and remembering

Many respondents referenced rituals and practices to honor those they have lost, such as visiting graves or commemorating their lives. Several participants stated that the Durham County Homicide and Victims of Violent Death Memorial Quilt is a powerful means of helping with their grieving process.

Connection with family/friends

Several participants referenced the power of connection with family members and friends, as well as feelings of loss and estrangement. Some participants stated that connections with

Table 3 Individual-level references coded under “What needs to be done to make things as right as possible”

Number of respondents		Total references coded	
19		375	
Subcode	Number of respondents	Total references	Representative quote
Talking, safe space, and/or therapy	15	95	“I am feeling relieved to get some of this weight off of me by sharing the experience. And it’s helping to be able to not retract back into my shell. So I want to thank you both for allowing me to come here and to share things so that I’m sharing not only my experience, but I’m sharing my pain.” Participant 10
Religion, spirituality, and/or mindfulness	15	75	“You know, you don’t need a gun...when you have your faith, your faith alone, as long as you have your faith that’s going to protect you.” Participant 10
Mental distraction	9	36	“I don’t want my mental health to get worse by sitting at home and not having anything to do...I want to be applying myself. Let my mind get off of all the stressors of life and do something positive.” Participant 4
Connection with family and friends	15	56	“They’re recruiting these young people who don’t have good family backing. And if they have family backing, they don’t have enough of it, like single parent homes who don’t have a father, or ones that have a father, but don’t have a mother, or even two parent homes where the parents are so busy talking about bills and everything else, that they don’t have time to focus on that child that is getting lost.” Participant 10
Practices of grief and remembering	7	29	“I want to start going to visit the graves that I’m able...I think maybe I want to at least go start visiting them...I know you cannot have a face to face, but in some sense, I felt like it will be me talking to him directly with certain stuff and so maybe that may...help me a little bit.” Participant 13
Religious community	5	19	“I have more peace when I am at church.” Participant 8
Speaking with perpetrator	3	17	“Life goes on, but I’m just stuck on how it happened and why...If I can have a conversation with him and just ask him, ‘Why did you do it?’ Just really tell me the truth...I’m trying to figure it out.” Participant 3
Altruism and/or service to others	7	21	“I got this strong urge to speak publicly, to try to get the messages out that someone might benefit.” Participant 3
Time alone and/or passive relaxation	3	14	“So if I can just get that moment of peace, if I can just have more of those... I have to go in the bathroom and shut the door.” Participant 3
Maintaining routine	3	7	“[I make it] by saying my prayers. I drink a cup of coffee and smoke a cigarette.” Participant 4

others impacted by gun violence helped them cope with trauma, particularly in times of crisis.

Mental distractions and/or maintaining a routine

Several respondents referenced the adoption of daily routines and mindfulness practices. Some respondents described how these routines decreased flashbacks, nightmares, and other triggering events.

Community-level prescriptions for repair

We noted 410 references which were summarized as community-level responses to “make things as right as possible” (table 4). We identified participants’ recommendations as to how to facilitate healing from gun violence. Frequently cited codes are summarized below.

Early intervention programs

Many participants pointed to the need for resources for youth, particularly for young children of color (generally cited as <10 years of age). A representative quote includes:

You need to invest in people in order to make them, kind of like molding them, like you do [with] Play-Doh. Participant 5

Poverty alleviation/living wages/housing

Several participants cited the role of poverty, predatory housing practices, and economic stress on violence in black urban communities. Although not explicitly coded in this section,

many participants cited the role of race and/or racism in driving gun violence. A representative quote in this area includes:

[If black men]...get arrested for a little minor charge, they can’t get jobs...In their mind, the white man don’t care, they never have cared, they are always gonna keep us down, keep their foot on our neck. Participant 6

Mentorship/parenting

Several P4R participants cited that young people often turn to gangs for social support, leading to gun violence. Many participants affirmed the need for financial and social support for struggling families.

Gun culture and gun legislation

Several participants noted the use of guns as a preferred means of conflict dispute and the need to improve gun control measures. Several respondents recounted stories of gang-related gun violence occurring between individuals who know each other. A representative quote in this area includes:

If they fought, they didn’t stay mad forever. They came back together at some point...drank together...talked together...and went places together. Participant 7

Improved community resources

Several participants cited the need for increased grassroots advocacy, such as a local “community navigator”. Some participants cited the need for a physical space for survivors to rest, reflect,

Table 4 Community-level references coded under “What needs to be done to make things as right as possible”

Number of respondents		Total references coded	
19		410	
Subcode	Number of respondents	Total references	Representative quote
Early intervention community programs, mentorship, parenting	19	123	“Sometimes you can have a child going down the wrong road, and sometimes you can turn them around... You need to invest in people in order to make them, kind of like molding them, like you do [with] Play-Doh.” Participant 5
Poverty alleviation, living wages, housing	14	62	“You take an 18- or 21-year-old man—say he got a baby by a girl, a small child—and he really don’t want to sell drugs, he wants to go to work and provide. But off minimum wage, he can’t provide. It’s not livable.” Participant 5
Community policing, security	10	39	“More police involvement out there. They need to be walking the beat, walking the sidewalk whatever, a couple of them get to know some of these kids and what whatever. So start by protecting our community and neighborhoods and getting more involved.” Participant 13
Healthcare	7	36	“They need to have different programs for people [who] are paralyzed... Everything needs to be set up different programs so when a dude goes through gun violence and stuff is already there.” Participant 11
Gun legislation	10	31	“And then you have this new law where you can go and get it done [buy a gun] without having a license, that don’t make it any better. Like I think this is just like, take away guns period... they should take them all away.” Participant 17
Grassroots advocacy	10	26	“You need to get the voice of the people, the voice of the customer, which is the community. Ask them what do you need from me? How can we make this gun violence stop? What are your views, and then take those and [put] them into action.” Participant 10
Community navigator/support, social worker, one-stop center	8	20	“Have a session like a little one on one like you are [doing] today. Like have some normal calls to their phone, check up on them throughout the day, motivate them, be a buddy program... Every family and every household should have social work come check them.” Participant 20
Increased penalties/punishment for perpetrators	6	14	“They arrested a lot of gang members who are violent and stuff like that. And I think that was an attempt to rectify the current situation. I would like to see them have more initiative to help future issues.” Participant 12
Financial support of victims/families	4	9	“There was a victim’s compensation thing. At that time, I wasn’t thinking about compensation for this. And when I did start to think about it, it was too late... I had been missing quite a few days out of work. My PTO, I depleted that, and I was like let me look into this victims’ compensation thing, but it was too late.” Participant 3
Decrease body time in street/cover body	3	7	“I stayed out there till about four o’clock in the morning. They didn’t get his body up until 4 pm the next day. They didn’t cover his body up or anything... Anyone could see his body... [the police are] supposed to be serving and keeping people safe and keeping people alive... and then you didn’t even have the decency to cover up his body... that is where really most of my PTSD came from.” Participant 17
Rehabilitation programs	5	12	“There could be a place [like] AA for alcoholics... for victims of gun violence like you guys are doing, then people can come to talk to because it is about the people affected by it. And maybe you don’t want to talk to therapists, but at least they can have someone that can at least relate.” Participant 13
Alleged perpetrator arrested/convicted, brought to justice	4	5	“It gave me just a little bit of peace when he got arrested. I wasn’t never scared though. I just was tired of being so angry. Just so mad. I just want them to pay. And I think this is the best payment you can get is life in prison.” Participant 4
Media campaign showing the effects of gun violence	1	2	“They need to publicize some of the things... do more presentations. Sometimes people need to see that it was a human that was shot and another human did it.” Participant 3
More streetlights	1	1	“One thing they could do is put more street lights up like neon lights at nighttime and make... dark areas [lighter].” Participant 20

speak with other survivors, and access resources. A representative quote in this area includes:

[We need] community advocates, literally meaning people who are of the neighborhood... someone who has lived there for five years, 10 years, who knows the names of streets. Participant 15

Community policing

Several participants supported the expansion of community-based police. Respondents cited the value of police and residents working together to address gun violence. A representative quote in this area includes:

It is not like it used to be when I was coming up. The police used to walk around the neighborhood. Participant 5

DISCUSSION

Survivors of gun violence and the communities in which they live face an almost insurmountable burden of grief and harm after violent injury. To be the target of intentional injury can have a profound and long-lasting impact on a person’s sense of well-being and the underlying health of a community. Prescriptions for Repair was created to address these challenges by listening to those impacted by gun violence tell their stories through a non-judgmental narrative process. The extended length of our

listening sessions and depth of engagement between facilitators and participants exceeds most existing support programs directed at survivors of gun violence.³ The use of qualitative analysis allowed us to deeply probe into the lived experiences of those impacted by gun violence.

Historically, the criminal justice system has given scant attention to the survivors of violent injury. In most modern criminal justice systems, the criminal charge is structured on breaking the law, not harming the person. Most US criminal justice systems emphasize that the primary roles of the injured party are to aid in the investigation and to give evidence on behalf of the prosecution.⁸ Our findings from the lived experiences of those impacted by gun violence suggest that these practices lead to mistrust and anger among survivors of gun violence, and there is a need to refocus resources on the harm caused by gun violence. Some of our major lessons learned are summarized below.

Value of listening to lived experiences of gun violence survivors

One of the most important lessons from P4R is the inherent value of listening to those most impacted by gun violence using a non-judgmental narrative process. Almost all participants expressed enormous gratitude for the program. These experiences attest to the deep and lasting harm as well as the need for healing after gun violence, similar to responses described by second victims after traumatic experiences.²¹

Although most facilitators were not practicing therapists, this program attests to the therapeutic and cost-effective nature of a community-based listening program for people impacted by gun violence. Social support for survivors of violent injury across the USA remain limited, as most mental health resources go to treatment of the severely mentally ill.²² Although there are concerns about the use of non-professionals in these roles such as risks of triggering and inability to develop long-term therapeutic relationships, we tried to minimize these risks through oversight by program staff, along with referral to therapists if indicated.

Restorative justice practices date back to early Abrahamic religions and indigenous cultures, and many contemporary restorative justice programs are aligned with faith-based programs.²¹ Public/private partnerships that incorporate input from faith-based groups can reach vulnerable urban populations recovering from gun violence.²³ With a majority of Durham County residents identifying religion as important to their lives and a significant portion attending religious services,²⁴ the use of faith-based partnerships along with government and academic collaborators can leverage the shared expertise of all partners to successfully reach people impacted by gun violence.

Non-encounter-based restorative justice practices

Most restorative justice programs are ‘encounter-based,’ and focus on bringing together people experiencing conflict with those who commit violent action to collectively address the harm created by the violence.^{6,25} From a restorative justice paradigm, changing the focus from reconciliation with perpetrators towards the victims of harm themselves allows not only for the opportunity for victims to express their thoughts regarding what happened, but can also help victims think heard and validated.^{11,26,27}

Expert opinion has mixed views of the value of lived experience research on policy, with some suggesting whether experiences of gun violence survivors can be detrimental to policy development.^{28,29} Our findings concur with those of Webb *et al*, who found that people with prior gunshot injury had higher

levels of support for gun legislation compared with people with only a single gun injury.³⁰ Walsh *et al* found that peer-based physical and relational aggression were associated with higher risks of gun carriage,³¹ although it is unclear whether policy to address these challenges can decrease the risks of gun violence.

We urge the incorporation of the views of those impacted by gun violence in policy development. Inclusion of those most harmed by gun violence is not only core to community engagement, but can offer insights that are not always recognized by gun violence experts. For example, many more respondents in P4R valued the opportunity for talking more than encounter-based interactions with perpetrators of the crime, as is commonly supported by gun violence programs. As well, participants strongly supported increased integration of listening programs within established community resources, suggesting that these programs may be key to existing HVIPs and other community-based support networks.

Poverty, race, and racism impact gun violence

Many participants in P4R commented on the central role of poverty, race, and racism in their personal experiences of gun violence, how they view community responses (or lack thereof), and the challenges that black communities continue to face from gun violence. Participants confirmed the importance of structural disadvantages such as poverty and residential segregation in black communities as underlying drivers of gun violence. These views align with existing studies that show associations between structural disadvantages in black communities and increased rates of gun violence.^{32–35} As well, participants often voiced a sense of victimization, particularly among those living in housing projects. These responses confirm the importance of the linkage between victimization, poverty, and gun violence, similar to that described by Berg *et al*.³⁶

Interestingly, several respondents recounted stories of repeated gang-related violence occurring between individuals who know each other, similar to other reports that offenders may use elevated levels of violence in response to a threat from someone they know.³⁷ These findings suggest that HVIP and other community programs that leverage relationships between offenders and survivors may help break the cycle of injury, retaliation, and reinjury.

In addition to how poverty and race impact personal experiences of gun violence, many respondents emphasized the impact of gun violence on the greater black community. This integration of gun violence into daily life reflects what is recognized as “community trauma”, which denotes the collective trauma characterized by a breakdown of social networks, relationships, and positive social norms across the community.^{38–40} Understanding how these acts impact a community is essential to rebuilding community strength to recover from gun violence.

Focus should be on children and youth

When asked to identify strategies to address the harm from gun violence, many respondents emphasized the need for increased resources for youth (eg, community youth centers, school-based programs). These responses mirror expert opinion that suggests when strong family units and/or community organizational infrastructure are lacking, violence and trauma have a more profound impact.^{40,41} Importantly, P4R respondents emphasized the value of programs for very young children (<10 years of age) before exposure to gang culture during later childhood.

Sustainability requires new thinking among public, private, and community partners

As P4R was a pilot program, we recognize the need to implement sustainable programs to address gun violence within public health networks and HVIPs. We are in discussions with local leaders to develop a local government-based Office of Survivor Care (OSC) for survivors of gun violence. The OSC will be engaged with community, public, and academic groups across the region, working together to address the personal and community harm resulting from gun violence.

The OSC would represent a transformative response on several fronts. First, this center would represent a historic opportunity to provide survivor-centric programs to complement criminal justice systems programs. Second, the OSC would serve as a model that uses the experiences of those affected by gun violence to design programs to address their own healing needs. Finally, this platform will support novel partnerships between public, academic, and community groups. We learned many lessons operating a program with partners from a historically black university (NCCU), a large research university (Duke University), the City of Durham, and community groups, such as how to build consensus, ensure equity in program design, and address operational challenges such as data sharing and financial flows.

Limitations

We recognize several limitations of our analysis. First, given the large amount of data generated by P4R, we do not have the capacity in this current article to analyze many participant experiences, such as personal responses to the gun violence act and impact on others. Second, as a pilot program, we could not measure any long-term impact on rates of gun violence nor identify divergent/deviant views among study participants. Third, as our program was directed towards gun violence survivors and was open to all participants regardless of race or other demographics, there was a risk of selection bias in the choice of participants. Fourth, as our program collected data from only one region and did not incorporate non-English speaking participants, there may be limited generalizability to other settings.

As well, although almost all participants noted that talking about the gun violence event was a positive experience, some individuals may have found this triggering or a negative experience. We used several methods to create a supportive environment and to minimize the risk of triggering. We referred half of the program participants for follow-up therapy, suggesting a high need for social support beyond the program period.

Furthermore, it is always possible with qualitative analysis that certain responses are “allowed” to become part of the code set, raising concerns that the results may have been shaped into a “preferred” narrative. To mitigate these risks, we had three coders develop the codebook, and had one black expert in qualitative research review the codebook. Finally, as the majority of facilitators were white and participants were black, facilitators may not understand the lived experiences of gun violence victims. We tried to mitigate these risks by having at least one black facilitator for each listening session, although the challenges of community-based research require much more than racial congruence between facilitators and participants, and includes addressing such issues as disparities in geography, religion, socioeconomic status, culture, education, historic views towards program institutions, among many others.

CONCLUSIONS

In conclusion, the Prescriptions for Repair program confirmed the value of listening sessions using community-based facilitators to help survivors of gun violence tell their stories through a restorative justice framework. The lived experiences of gun violence survivors both complement as well as challenge existing expert opinion towards gun violence, and should be used to help inform policy to address the personal and community harm resulting from gun violence. We strongly support the consideration of listening sessions for HVIPs and other community resources directed to those impacted by gun violence.

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Ethics approval This study involves human participants but Duke University Medical Center (Pro00111342) Human Subjects Protection. The Duke University Health System IRB determined this research as exempt from review under 45 CFR 46.104(d)(3) based on a determination that: (1) subjects prospectively agreed with the research and provided informed consent; (2) that the research subjects cannot be identified directly or indirectly; (3) limited review by the IRB demonstrated adequate provisions to protect the privacy and confidentiality of the research subjects; and (4) that any disclosure of the subjects' responses does not place them at risk of liability or is damaging to the subject's standing. Subject participation was voluntary. Participants and facilitators received US\$25/hour for their time. This research was conducted under the EQUATOR Standards for Reporting Qualitative Research (SRQR) checklist. Participants gave informed consent to participate in the study before taking part.

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