

# Life After the Gunshot

## A Research-to-Practice Fellowship Project

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# Center for Victim Research

The [Center for Victim Research](#) (CVR) is a one-stop resource center for victim service providers and researchers to connect and share knowledge. Its goals are to increase 1) access to victim research and data and 2) the utility of research and data collection to crime victim services nationwide. CVR's vision is to foster a community of victim service providers and researchers who routinely collaborate to improve practice through effective use of research and data.

Accordingly, CVR engages in a number of training and technical assistance activities to support victim research-and-practice collaborations. Specifically, CVR:

- Hosts a library of open-access and subscription-based victim research;
- Provides light-touch research-focused technical assistance to victim service providers;
- Translates research findings for the field in fact sheets, reports, and webinars; and
- Highlights useful research-and-practice tools and training resources for the field.

CVR also supports two types of [researcher-practitioner collaborations](#): interagency VOCA-SAC partnerships and local-level Research-and-Practice (R/P) Fellowships. In 2018, CVR's R/P Fellowship program supported nine teams of researchers and practitioners engaging in a variety of victim-focused research projects. Fellows were engaged in emerging, ongoing, or advanced research-and-practice partnerships. This report describes activities by one of CVR's 2018 R/P Fellowship teams.

## R2P Fellows: Organizational Descriptions

Dr. Joseph B. Richardson, Jr., the Principal Investigator for the study, is an expert on violence and trauma among violently injured young Black men. He is an Associate Professor of Criminology and Medical Anthropology in the Department of African-American Studies and the Department of Anthropology at the University of Maryland College Park. Dr. Richardson is also the Program and Research Director for the Capital Region Violence Intervention Program (CAP-VIP) at the University of Maryland Prince George's Hospital Center. Dr. Richardson utilizes the trauma centers at the University of Maryland Prince George's Hospital Center (UM-PGHC) and the University of Maryland Medical System Shock Trauma Center (UMMS-STC) in Baltimore as his research labs to understand violence and trauma. Dr. Richardson has conducted several studies with hospital violence intervention programs at both sites.

For this study, Dr. Richardson, partnered with the Capital Region Violence Intervention Program at the University of Maryland Prince George's Hospital Center. CAP-VIP provides trauma informed care and psychosocial services (i.e., clinical counseling, intensive case management, job placement, legal assistance, enrollment into

healthcare insurance coverage, peer support/mentoring) for male survivors of violence with the aim to reduce the likelihood of trauma and criminal recidivism.

## Description of the Problem

Interpersonal violence is the leading cause of death and chronic disability among Black males ages 15-34 (CDC 2017). Trauma recidivism, defined as two or more hospitalizations for violent injury, increases the likelihood of death and chronic disability. Trauma recidivists are more likely to be low-income, young, Black, male, unemployed or underemployed, have a previous history of incarceration of six months or more, and be uninsured (Cooper, Eslinger & Stolley 2006). Up to 60 percent of violently injured individuals will return to the hospital for a similar penetrative injury within five years (Richardson, St. Vil, Sharpe, Wagner and Cooper 2016). Furthermore, studies have found that a previous history of incarceration is the most significant risk factor for repeat violent injury (Richardson et al. 2016). To date this Richardson et al. (2016) is the only study that found a significant correlation between trauma recidivism and incarceration.

Literature on trauma recidivism has neglected to fully assess how criminal justice involvement influences the likelihood for repeat violent injury. In addition, young Black male victims of violent injury are disproportionately involved in the criminal justice system. Richardson et al. 2016 found among 191 Black men treated for violent injury by the University of Maryland Medical System Shock Trauma Center, a Level I trauma center in Baltimore, that a startling **88 percent of the sample had been incarcerated for six months or more**. In another longitudinal ethnographic study conducted on risk factors for repeat violent injury among young Black men treated at the University of Maryland Prince George's Hospital Center (Richardson, St. Vil, Wish & Cooper 2016) found that **65 percent of violently injured young Black men had been incarcerated for six months or more**.

## Addressing the Problem

The relationship between previous history of incarceration and repeat violent injury led to a collaborative partnership between the Department of African-American Studies and the Department of Anthropology at the University of Maryland College Park (Researcher) with the Capital Region Violence Intervention Program, a hospital-based violence intervention program at the University of Maryland Prince George's Hospital Center, Capital Region Health (Practitioner). The trauma recidivism rate among male survivors of violent injury treated at UM-PGHC is 32 percent and according to data provided by the Maryland Department of Corrections the criminal recidivism among men involved in the criminal justice system in Prince George's County is 75.5 percent. Approximately 65 percent of the male survivors treated for violent injury at UM-PGHC have a history of criminal justice involvement (previous incarceration, probation, parole).

To explore the intersection of the healthcare and criminal justice systems among violently injured young Black men, Dr. Richardson selected N=10 young Black men (ages 18-34) participating in the Capital Region Violence Intervention Program. The sample were identified and recruited based on a previous history of a gunshot wound (GSW) and incarceration. A sub-sample of N=5 (50 percent) were trauma recidivists. Several of the participants are currently under community supervision.

### Brief description of digital storytelling

Dr. Richardson, CAP-VIP Violence Intervention Specialist Che Bullock, and Filmmaker Uzo Ihekwoaba collaborated on the digital storytelling project. The project relied on Mr. Bullock and his close relationships with male survivors of violence participating in the CAP-VIP to recruit participants for the digital storytelling interviews and focus groups. An in-depth semi-structured interview format was used to collect N=10 interviews for male survivors of gunshot wounds and N=4 male survivors of gunshot wounds for the focus group. The interview guide for the interviews and focus group covered issues such as: the social context of violence, the short and long-term physical effects of violent injury, chronic exposure to violence, complex traumatic stress related to violent injury and over the life-course, incarceration, felony disenfranchisement, community supervision, and the impact of the CAP-VIP program on the lives of the participants. The participants' narratives were then analyzed and used to generate themes. These themes framed the segments for the digital storytelling. Focus groups were used to complement the individual interviews and to bring individuals together who shared the lived experiences of surviving a gunshot wounds and had a previous history of incarceration. The focus groups brought multi-voices to the discussion on violence and trauma among male survivors of violence, and generated rich thick descriptive narratives.

Dr. Richardson worked closely with the CAP-VIP Violence Intervention Specialist, Che Bullock (Practitioner), to recruit the sample and to facilitate the interviews. Mr. Bullock provides trauma informed care and peer mentoring/support for program participants. Mr. Bullock serves as a credible messenger with this population. He has a history of violent injury. In 2013, Mr. Bullock was stabbed 13 times and treated at UM-PGHC. He was also previously incarcerated for 19 months. Mr. Bullock now approaches all violently injured patients at bedside and provides continuous peer support and mentoring following discharge.

## Data Sources

The data comes from ten (N=10) in-depth Interviews with CAP-VIP Participants (video recorded) and one focus group with (N=5) participants. Participants were informed prior to recording their narratives that participation in the project was completely voluntary and if at any time they felt uncomfortable with the questions asked during the

interview and focus group they had the right to refuse to answer any questions and that they could stop participating in the interview or focus group at any time. Their decision not to continue participation in the project would not affect their care, status or rights at the University of Maryland Prince George's Hospital Center or the Capital Region Violence Intervention Program. Furthermore, participants were instructed if they felt any form of mental distress associated with participating in the project they would be immediately referred to the Mental Health Department at the University of Maryland Prince George's Hospital Center for evaluation.

## Results

The findings suggest that participants experience continuous complex traumatic stress over the life-course. Although across all 10 participants, the most recent violent injury produced two or more symptoms of post-traumatic stress disorder, participants overwhelmingly acknowledged that they were experiencing traumatic stress prior to their injury. This continuous traumatic stress was related to chronic exposure to violence in their communities either as witnesses, victims or perpetrators. Adverse childhood experiences (ACE) were thematic in the interviews.

Participants also stated that a previous history of incarceration and criminal justice involvement was correlated to their injury and adversely impacted their perceptions to acquire gainful employment due to their felony conviction. Participants expressed being denied employment opportunities due to their felony conviction(s), which forced them to engage in illegal activity to survive. This finding has been supported by previous research (Pager 2007; Pettit 2012; Alexander 2010). The lack of employment opportunities caused by felony disenfranchisement whether real or perceived increased the likelihood that participants would engage in activities that increased the probability of violent injury.

Furthermore, many participants expressed that housing instability increased their likelihood to engage in crime. For example, a participant in the study was recently shot after attempting to sell his EBT card to pay for his rent. He was robbed in the process of selling the card. Selling an EBT card is technically food stamp fraud.

Participants noted that the CAP-VIP, particularly their relationship with Violence Intervention Specialist, played a critical role in changing their lifestyles, keeping them engaged in mental health services, and assisting with issues pertaining to criminal justice involvement such as maintaining open communication with probation/parole officers, accompanying participants to court hearings, and assisting participants with identifying legal assistance.

## Implications for Policy and Practice

The results suggest that male survivors of violent injury experience continuous complex traumatic stress over the life-course. Psychosocial services provided by hospital-based violence intervention programs should address traumatic stress related to the recent injury but also the traumatic stress experienced over the life-course. Hospital violence intervention programs must address the intersection of the healthcare and criminal justice systems among program participants.

The narratives provided by study participants support findings from previous research studies that have found previous history of incarceration or criminal justice involvement may increase the likelihood of trauma and criminal recidivism. Participants noted that the Violence Intervention Specialist plays a critical role in serving as a liaison for participants involved in the criminal justice system particularly DC Court Services and Offender Supervision Agency (CSOSA). CSOSA oversees community supervision for the District of Columbia.

This finding suggests that hospital violence intervention programs (HVIPs) should develop working relationships with departments of probation and parole. The findings also suggest that HVIPs should develop working relationships with re-entry programs, targeting violence intervention services for returning citizens with previous histories of hospitalizations for violent injury. More research should be done on the role, challenges and best practices of the Violence Intervention Specialist in reducing trauma and criminal recidivism.

## Sustaining the Partnership

The Department of African-American Studies and the Department of Anthropology in the College of Social and Behavioral Sciences at the University of Maryland College Park will sustain the partnership with the CAP-VIP through on-going research with CAP-VIP participants. In 2019, UMD College Park (research) will partner with CAP-VIP (practitioner) to conduct the largest randomized control trial (RCT) on the effectiveness of hospital-based violence intervention programs.

UMD College Park will continue to engage in research with CAP-VIP as the practitioner using innovative mixed methods approaches. UMD College Park (research) was recently awarded a grant from the Governor's Office on Crime Control and Prevention (GOCCP) in Maryland to conduct a study on the effectiveness of the CAP-VIP in reducing trauma and criminal recidivism among male survivors of violent injury in Prince George's County. Dr. Richardson (UMD) and Mr. Che Bullock (CAP-VIP) would like to thank CVR's R2P Fellowship for supporting this partnership to create a digital storytelling platform to tell the stories of the amazing young men that we work with.

## Citations

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