RESEARCH

A Narrative Inquiry Into the Experience of Being a Victim of Gun Violence

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ABSTRACT

The purpose of this study was to gain a greater understanding of gun violence from the victim's personal story. The design for the study was narrative inquiry. Sixteen victims of gun violence were interviewed and asked to tell their story. The interview format comprised open-ended interview questions that encouraged participants to tell their stories. The method was narrative inquiry; the victims were encouraged to tell their story. The interview was recorded and transcribed. The transcripts of the interviews were the data for the study. Multiple readings allowed themes to emerge and provided a means of classifying the content. The data were organized by a categorical-content perspective as described by A. Lieblich, R. Tuval-Mashiach, and T. Zilber (1998). Four themes emerged that captured the study participants' experience: prevailing nature of everyday violence; feeling abandoned by the institutions of society; living in a context of reactive violence fueled by poverty; lack of employable skills and education; and evolving psychological effect following gun violence. The study provided insight into the personal experience of gun violence. Victims of gun violence experience challenges related to poverty, deficient educational preparation, and community neglect. The presence of gun violence in their neighborhoods has had an everlasting impact on their well-being. Gun violence is a major public health crisis. Thousands of people are killed or injured daily by guns. It is crucial that appropriate interventions be created. Partnerships between neighborhood leaders, health care professionals, and politicians need to be developed and fostered.

Key Words

Gun violence, Narrative inquiry, Poverty, Stories, Victims

Gun violence is a public health crisis in the United States. The statistics are alarming. In 2013, the most recent year for which complete statistics are available, firearms killed more than 33,363 Americans. An average of 92 people die from gun violence each day and more than 82,000 Americans were treated in hospital emergency departments and trauma centers for nonfatal gunshot wounds (Centers for Disease Control and Prevention, National Center for Health Statistics [CDCP; NCHS], 2016). Chicago experienced record violence in 2016 with 750 homicide victims. The murder rate also surged in the U.S. metropolitan areas of Houston, San Antonio, and Las Vegas in 2016. There were 353 mass shootings in America in 2015 in more than 100 metro areas (CNN, 2017). Gun violence has seeped into our daily lives; a present fear in our schools, shopping malls, and communities.

Gun violence is overrepresented by the urban poor. Statistically, there is a correlation between poverty and violence. Persons in poor households had a higher rate of violence involving a firearm (3.5 per 1,000) than persons above the federal poverty level (0.8–2.5 per 1,000; Finkelhor, Ormrod, Turner, & Hamby, 2005). Ethnicity is also a factor; the probability that an African American young adult will die from gun violence compared with White young adults is more than 30 times higher (NCHS, 2013). Gun violence is part of a vicious cycle of race and poverty in the United States, reflecting a social inequality. In the United States, one in four students will witness or experience a traumatic event before the age of 4 years and more than two-thirds by age 6 years. The exposure to violence at a young age impacts the educational achievement of children in violent neighborhoods. Over time, the child's developing brain is changed by these traumatic experiences. The result is a brain that has structurally adapted for survival but not for the retention of information, which can become a factor in their success at school (Flannery, 1999).

A major contributing factor in the prevalence of gun violence is the accessibility to guns (Gabor, 2016). Social issues contribute to violent acts but the availability of guns in neighborhoods increases the probability that someone will be injured or killed. Guns are big business in the United States. The United States is a major weapons supplier for the world (Gabor, 2016). Millions of guns are sold every year in "no questions asked" transactions. Experts estimate that 40% of guns now sold in America are

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done so without a Brady background check. In America, there are approximately 270 million firearms possessed by civilians and only 897,000 carried by police. Approximately 20% of gun owners own 65% of the guns (Brady Campaign, 2008). Many states do not require permits to purchase rifles, shotguns, or handguns. State laws and the U.S. territory's regulations vary considerably and are independent of federal firearms laws (National Research Collaboration on Firearm Violence, 2006).

Gun violence and the sequela of injury are very expensive. Gun violence has been estimated to cost U.S. citizens $100 billion annually (Branas et al., 2017). American taxpayers pay roughly $12.8 million every day to cover the costs of gun-related deaths and injuries, and that is believed to be a conservative estimate (National Research Collaboration on Firearm Violence, 2006).

Gun violence can have a serious impact on education, health, incarceration, family instability, and financial security (Kalesan, Mobily, Keiser, Fagan, & Galea, 2016). McCoy, Raver, and Sharkey (2015) found that anxiety levels rise and cognitive functioning worsens among school children following a violent crime within half a mile of their home. Individuals who witness violence are also at increased risk for a variety of mental health issues, which can manifest as posttraumatic stress disorder, depression, poor academic performance, substance abuse, risky sexual behavior, delinquency, and violent behavior (Lavin, 2012).

There is a need for more appropriate interventions for the widespread occurrence of gun violence. Much has been learned from previous research studies, such as identifying the population most at risk, the sequela from witnessing violence, the availability and ease of obtaining handguns, and the financial cost impacting society; however, this study provided insight to the gun victim's perspective. The personal account of being a victim of gun violence provided the knowledge needed to understand the victim's perspective. The purpose of this study was to gain a greater understanding of gun violence from the victim's personal story.

METHODS

The research question was as follows: What is the story of being a victim of gun violence from the perspective of the victim? The study was conducted at a Level 1 trauma center in a metropolitan hospital center located in the mid-Atlantic region of the United States. Approval for the study was obtained from the hospital's institutional review board, and written authorization was obtained to use the hospital premises for the study.

The method for this research study was narrative inquiry. Narrative inquiry is the study of stories or narratives (Andrews, Squire, & Tamboukow, 2008). The story is a fundamental unit that reflects the human experience (Clandinen & Connelly, 2000). Riesmann (2002) pointed

out that stories are expressions of personal perspective incorporating learned social and cultural patterns. Philosopher Charles Taylor (1989) explained: Our capacity to understand is rooted in our own self-definitions. The story that is told is a recall of the event as remembered by the narrator. It is in what is remembered that is significant to the individual. Clandinen and Connelly (2000) describe construction of a narrative experience as a reflective relationship between living a life story, retelling a life story, and reliving a life story. Narrative inquiry was selected as the method for this study to gain a greater understanding of gun violence from the victim's personal story.

Data Collection

Prior to the interviews, the research question and the purpose of the study were discussed with the potential participants. Opportunity was given to the participants to ask questions pertaining to the study. The researcher utilized a semistructured interview guide. The semistructured interview guide allowed the researcher to let the participants tell their story and gave the participants the freedom to share whatever elements of their experience they chose to. The freedom of the interview allowed the participants to share their story from their perspective and not a directed account of the experience of being a gun victim.

Sixteen, single, face-to-face interviews were conducted that allowed the participants to describe in their own words their experience of being a gun victim. During the interview, the participants were encouraged to tell their story. The researcher was sensitive to the participants' responses recognizing their potential vulnerability. The researcher probed responses only for elaboration or clarification; the researcher refrained from statements that could be considered passing judgment on past activities or life situations. The researcher maintained a journal during the study to record personal reflection of the interview process. Data collecting was an ongoing process taking more than 6 months. The researcher referred to the reflective journal during data analysis to recall thoughts and impressions that occurred at the time of the interview.

The researcher allowed approximately 1 hr for the interview. The approximate length of time for each interview was 30–45 min. The interviews were audio taped. All participants were interviewed once with a potential for a second to clarify any concepts. No second interviews were needed. The names of the participants were de-identified. Pseudonyms were created for the participants in the narratives.

The relaying of a personal story that contains a traumatic event such as being shot has the potential to elicit feeling of anxiety, apprehension, or fear. To allow for the best outcome for the participant, the interviews were conducted in a private, comfortable office. The

participant was reminded that at any time the interview could end and participation in the study could be withdrawn with no penalty. During the interview, if the subject matter became upsetting, calming strategies were utilized. A soothing voice, a physically comfortable environment, use of gentle touch on hand or arm, and comfort drinks and snacks were available. Each interview ended with time for debriefing. Debriefing allowed time to identify and manage any concerns or negative feeling that developed during the interview. Emotional episodes were managed with sympathy and compassion. The researcher provided strategies of self-talk and to maximize use of personal strategies of comfort such as exercise, music, or hanging with friends. Participants were provided with referrals for counseling if needed after the debriefing. All participants demonstrated composure and verbalized understanding to contact the trauma office or counseling numbers provided if needed.

Data Analysis

Analysis began with an initial reading of the complete transcript. The guidelines for analysis developed by Lieblich, Tuval-Mashiach, and Zilber (1998) were utilized. The stories were read several times until an internal organization emerged, described as themes. The goal of analysis is to uncover the common themes in the data. Analysis occurred by looking for underlying patterns or themes that cut across the stories. The data were sorted by a categorical-content perspective (theme). Sentences or utterances by the participants were broken down into content and then categorized. Lieblich et al. (1998) described a series of steps to take when utilizing the categorical-content perspective of analysis, and these steps were followed for this research study. The series of steps are as follows: Selection of the subtext; Definition of the Content Categories; Sorting of the Material Into the Categories; and Drawing Conclusions From the Results. Following the initial analysis by the researcher, four colleagues reviewed the data and conclusions to ensure interrater reliability (Lieblich et al., 1998).

Trustworthiness of the Inquiry and Rigor

Reliability in narrative inquiry research refers to dependability of the data and validity to the strength of the analysis of the data. Several methods were utilized to ensure trustworthiness of the data. An audiotape of each interview was recorded and then transcribed by a professional transcriptionist verbatim. The transcripts were compared with the audiotapes for accuracy. If needed, corrections to the transcripts were made. Five participants were given their transcribed text to read to confirm the accuracy of their interview. The participants chosen were random, based on convenience of a follow-up appointment at the clinic. No changes or alteration were suggested from the

five participants. The original recordings were reviewed by researcher to ensure accuracy of all transcriptions. The participants were informed that they could read the findings of the research and determine whether the writing reveals the true experience for them. The same researcher interviewed all 16 participants. The same interview questions were utilized to elicit the personal story from the participants.

RESULTS

Stories from the victims revealed insight into this current day epidemic of gun violence. Analysis of stories revealed four themes. Relevant sections of the text that emerged from their stories have been included. Participants were given an alias to protect their identities.

After careful analysis of the interviews, the four themes that emerged were as follows:

1. Prevailing nature of everyday violence
2. Feeling abandoned by the institutions of society
3. Living in a context of reactive violence fueled by poverty and lack of employable skills and education
4. Evolving psychological effects following gun violence

Participant Characteristics

The participants of the study were all victims of gun violence. Inclusion criteria included male and female victims, older than 18 years, and who were fluent in English. There was no limitation on the time frame from when the participant was shot. The total sample size for the research study was 16. The average age of the participants was 35.5 years. The range of ages was 18–71 years. Some of the participants had been victims of violence several times. Thirteen participants were African American, three were Caucasian. Thirteen participants were male, two participants were female, and one participant was transgender.

Recruitment of participants occurred during follow-up visits at the trauma clinic. Trauma patients follow up at a clinic for wound checks and ongoing management of their injuries. During the follow-up visits, recruitment flyers were visible on the bulletin board and victims of gun violence were asked whether they would like to participate in a research study. If they were willing and met the inclusion criteria, they were enrolled in the study. Participants were also obtained through snowball sampling. If a participant knew someone who was a victim of gun violence, who met the inclusion criteria and wanted to participate, they were also enrolled. Two participants were enrolled because of snowball sampling. Recruitment continued until there was saturation of the data. Data saturation is the point of no new data and most likely reached the point of no new themes and, therefore, reached data saturation.

During the interviews, ongoing analysis of the data was occurring, and it was after the 16th interview that no new information was being relayed and data saturation had occurred. No further recruitment of participants was needed.

Prevailing Nature of Everyday Violence

Every participant spoke about the presence of violence in their everyday lives. For these participants, prevailing violence meant that violence was a common everyday experience. For the victims, gun violence was not an extraordinary event but simply an ordinary occurrence, no longer evoking a dramatic response. The sound of gunfire was heard almost every day and people they knew were injured or killed. As participants shared their stories, the evidence of gun violence in their everyday life emerged as a recurrent theme.

The participants described the violent encounters they had witnessed in a clear, descriptive manner. It was important to them that the violence occurring in the city was understood. Many shared stories in which family members had also been victims of gun violence. Sherry's story gives a description of how her brother got shot, "I seen my brother get shot. He got shot 12 times, and he survived." She stated this with pride. She described her brother's experience with a proud voice that suggested achievement. Her tone indicated that survival of gun violence in her community was worthy of recognition. She recalled the day her brother was shot, "By the grace of God, he survived. I was about 21 when I seen it happen. It was in Pollock town one day, and he was walking and they had a shoot-off."

Sherry recounted another incidence of violence where she saw another boy who got shot in the same section of the city referred to as Pollock town. Sherry had been at a hair salon looking out a window. While gazing out the window looking at cars and people, she witnessed a little boy get shot. "And the little boy, he got shot right in the face." When asked whether the boy survived, Sherry said no, he died that day. However, there was no outward emotion exhibited and she simply stated it as a fact of daily life. It seemed to be expected. Sherry believed that violence is always present and people learn to adapt. She explained: "If you play the game, sometimes there's a chance that you might win. There's a chance that you might lose, and right now I feel like I've lost."

Feeling Abandoned by the Institutions of Society

Another theme that emerged from the participants' stories was a sense of feeling abandoned by the institutions of society. Seven participants described a lack of police support, school systems, and community organizations. The same participants acknowledged a lack of organized activities for children, such as sport teams, scouting, or clubs. According to five of the participants, the lack of

these societal institutions and community activities became an influencing factor for gun violence.

Ten of the participants in their interviews cited an absence of police force or a lack of faith in the effectiveness of police to help them. They believed their safety was in jeopardy due to no appropriate police action. The crime rate in the community had escalated and the citizens had little faith in their police force. Twelve participants felt that the police and city government were not a respected resource and were not viewed as helpful. Eight participants recounted in their stories that the justice they had seen or experienced was not with law enforcement but was usually at the hands of a gun holder and was spontaneous, without due process and at times deadly. They articulated their stories in a tone of voice that inferred that it was just the way it was with no possible potential for city government or the police force to help them.

One participant, John, a 71-year-old, White man from a small section of the city, was shot in the abdomen during a robbery. He was coming home from taking his daughter to work; it was late, around 11 p.m. John parked his car and was going to his house. John believed that he was at risk for violence because there was not a visible presence of police. He felt abandoned by the police. He described city government, "The whole thing in a nutshell is that the city council and the mayor and all are supporting these people (unlawful citizens), and now, from what I understand, they're going to do away the police department."

Kenny, another victim of gun violence, was a 31-year-old Black man, with two children. He was confronted by an assailant while standing in the home of an acquaintance. His story is different to John's, yet similar because there was no police presence. The incident occurred because the shooter believed that Kenny had stolen from him. Kenny tried to be accommodating to avoid being injured, but his attacker was not settling for it. Kenny stated:

> Yeah. He had a gun in his hoodie shirt and he just kept saying, you stole from me. You took this and you thought I was going to forget this and that and I was like, I don't have nothing right now. I'll give you everything I got. I don't have anything. I was like, look, these boots are $149 boots. You can take these, and he was like, Yeah, take off your boots. Take off your shirt. Take off everything, so I started taking off everything. As soon as I got down to my boxers, he shot me.

Kenny was completely exposed and vulnerable, standing in his boxers and he was shot. Kenny recounted his story with desperation. Kenny recognized that he could have faced a fatal injury. He was negotiating for his life. There was no mention of any police throughout the story. Kenny had no expectation that anyone would come to help. Kenny's story is just one example of an open conflict, with witnesses and guns present, but no one thought

to call police. The overall opinion shared by the participants was "why bother." No one will come anyway.

Jackson and William, two more victims, are brothers who were interviewed together. Their thoughts and conversation flowed. Both had been shot but on separate incidents. Despite different circumstances, they both alluded to a lack of police presence that had led to more people carrying guns to protect themselves. Jackson stated, "… cause there is less cops … everybody is strapped (carrying a gun). People will take care of themselves."

In summary, the overall perception of the victims of gun violence was that a lack of police presence and other community programs has led to a more violent community. Their perception of no support from the police has led many people to acquire guns of their own. In addition, the educational programs meant to alleviate this aspect of the problem were not reaching the target audience because those individuals did not attend school.

Living in a Context of Reactive Violence Fueled by Poverty and Lack of Employable Skills and Education

The third theme that emerged from the interviews was "living in a context of reactive violence fueled by poverty and lack of employable skills and education." The presence of violence in the participants' lives was predicated upon the poverty in which many of the participants were living. The conditions in which they lived made success in school challenging. The participants revealed the cascade of circumstances that eventually increased their potential to become victims of gun violence. This theme frames the conditions that were the context of the victims' lives.

An unfortunate fact for many of the participants was the lack of education and therefore limited their options for the future. The lack of a high school diploma had significantly impacted on the future consequences of their lives. One of the major consequences was the inability to find worthwhile employment. Employment opportunities that were available to them were positions with minimal wage and no health benefits. From their perspective, the selling of drugs was significantly more profitable and convenient. The participants described a lifestyle that was more appealing: one could sleep late, sell drugs at night, and still be part of the social life in the neighborhood. Six of the participants were caught by police for selling and distribution and subsequently incarcerated. Now their setback was twofold, lack of a high school diploma and a police record, which made it even more difficult to find legitimate employment. Curtis, an 18-year-old man, explained:

> I been incarcerated since I was, I think—I wanna say 16—since I was about 15, been in and out for the last few

years. The longest break I had from being incarcerated was about four months. It's the longest I've been out. Right before this happened, I had only been out for a month and a half and then this happened, so it's like I'm just always in and out. Get outta school, go chill with my boys, smoke some more weed, just make money on the side selling drugs and just do it over again and get girls.

He said that he had not finished school and made more money selling and did not seem concerned with being incarcerated. According to Curtis, it was expected.

Evolving Psychological Effects Following Gun Violence

As the participants told their stories, some revealed that they had a change in emotions and behaviors following the incidence of gun violence. The behavioral changes fall along a continuum of fearfulness. Some increased their vigilance and others were so afraid that they did not want to leave home. The emotions they are feeling could be posttraumatic stress disorder (PTSD). Posttraumatic stress disorder develops after exposure to a traumatic event and is associated with debilitating physical and psychological declines (Gill, Saligan, Henderson, & Szanton, 2009). The participants describe how gun violence has impacted their behavior and left them feeling uncertain and reluctant to go outside. Some of the participants relayed stories of violence and the presence of guns from a young age. The presence and the potential of unsafe surroundings have affected their childhood. The sequela of the presence of violence has influenced their emotions. Sherry explained how her behavior has changed.

> Right now, the world is very dangerous, and at one point in time I was never afraid to walk down the street at night. I was never afraid to go hanging out in the bars. Now I'm afraid. It actually took this experience 'cause I was just this tough, young girl. I was just real tough. I was never afraid of nothing, never scared of nothing or no one until something tragic happened to me, and it made me become afraid. But, I'll say that no matter who you are, no matter what you're going through in life, nobody should ever be afraid of nothing. It's not fair. It's supposed to be life for free.

DISCUSSION

Thirteen participants in this study were African American, the population most at risk for gun violence. A young African American male living in an urban environment (NCHS, 2013) is 30 times more likely to be a victim than White young adults. The overrepresentation of this population is reflective of a violence disparity. Violence prevention programs need to be implemented in communities identified as most as risk. Many participants verbalized having difficulty with housing, education, and employment. The participants voiced feelings

of powerlessness and hopelessness regarding their situations. They described a life embedded in poverty and violence in which they could identify no strategies to improve their lives.

Improved partnerships with residents and policy makers are needed to overcome this national health care crisis of gun violence in poor communities (Mire & Roberson, 2011). Nurses, physicians, educators, politicians, social workers, clergy, and business owners are all key stakeholders needed to improve health care and decrease violence in disadvantaged communities. Stakeholders need to become advocates for this population at risk. Gun violence is a public health crisis, overrepresented by the urban poor. More federal funding and health policy changes are needed to assist this population at risk.

Participants reported that guns are easily available in their communities. A young man can confront any threat or challenge with deadly force. The availability of guns in the hands of vulnerable young adults is a dangerous combination (Gabor, 2016). Access to guns provides those facing the challenges of poverty to react in a deadly fashion to struggles they are facing. Wells and Chermak (2011) found that the strongest indicator for serious gun victimization is the presence of a weapon . Gun laws vary considerably from state to state. Legislation is needed that limits and prohibits guns from being readily available (Gabor, 2016).

Personal violence and witnessing violence to others had become a common occurrence in the participants' lives. This exposure to personal violence can have a lasting effect. Binginheimer, Brennan, and Earls (2005) found that adolescents who witnessed or who had been victims of life-threatening gun violence were three times more likely to perpetrate firearm violence themselves within two years than peers who did not witness violence. Exposure to violence increases the potential for creating assailants and contributes to the cycle of violence (Finkelhor, Turner, Ormrod, Hamby, & Kracke, 2009). Five participants voiced increased concern for their safety and now carry a handgun for their own safety.

Posttraumatic stress disorder is a severe anxiety disorder that can develop after exposure to any event resulting in psychological trauma. Posttraumatic stress disorder symptoms include upsetting memories, nightmares, intense anxiety and fear, memory loss, diminished interest in life, emotional numbing, and angry outbursts (Gill et al., 2009). The gun violence epidemic has overwhelmed the lives of many of the participants. They described occurrences of everyday violence. The participants' lives are dangerous. Many study participants described feelings of fear, angry, hypervigilance, and isolation after their shootings. Their symptoms and emotions are consistent with the description of PTSD. According to Corbin, Bolo, Wilson, Rich, and Rich (2010), young men who have been shot or stabbed can have PTSD rates as high as 70%. Targeted interventions for gun victims experiencing PTSD need to be developed and accessible to this population.

In this study, 10 participants disclosed a feeling of being abandoned by the institutions of society. Every community depends upon laws and rules to have and maintain a peaceful orderly environment. There is an expectation that if the rules are violated, there should be penalties. Laws are enforced by the police. Yet, some impoverished communities feel an absence of a visible police force (Valdez, Kaplan, & Curtis, 2007). One consequence of a lack of visible police presence is that citizens of the community do not expect law enforcement to eliminate the drug dealers on the corner. Residents must continue to live in drug-entrenched neighborhoods and are left alone to face possible retaliation for contacting the police (Branas et al., 2017). Recently in some big cities such as Chicago, Baltimore, and Philadelphia, mistrust has developed between police and Black men. "Black lives Matter" (Parks, 2017) campaign has emerged. Community leaders need to encourage peaceful demonstrations and be advocates for a population that feels that its needs and concerns are not being heard.

Strengths and Limitations

This study was beneficial in providing an opportunity for victims of gun violence to tell their personal study regarding their experience. The limitations for this study were as follows: the participants were all recruited from one urban setting and many lived in the same community, which means that generalization of these findings may not be appropriate. The sample was predominately African American male, which is reflective of gun violence population, but a more diverse sample size may illicit different findings. Future research including a more diverse sample size and other hospital settings could increase understanding of gun violence.

CONCLUSION

Gun victims are overrepresented by those living in poverty. Community leaders and community members need to work together to improve the living conditions of people in poverty and improve education for further prevention. Health care policy changes and community programs that assist in decreasing violence and availability of guns need to be developed and implemented. Victims of gun violence are struggling with many challenges; their personal stories of violence provided a greater understanding into their experience.

The article reflects the findings from a research study in which the victims of gun violence were provided the opportunity to share their story. The personal account of being a victim of gun violence provided the knowledge

needed to understand the victim's perspective. The methodology was a narrative inquiry. Narrative inquiry is the study of stories or narratives. The story that is told is a recall of the event as remembered by the narrator. It is in what is remembered that the significance to the individual is highlighted. The gun violence victim was able to share what he or she viewed was the most significant about gun violence.

Relevance to Clinical Practice

It is crucial that appropriate interventions be created to assist this population in need. Violence assessment skills should be developed and integrated in nursing curricula. Partnerships between neighborhood leaders, health care professionals, and politicians need to be developed. The health care crisis of gun violence needs targeted resources and interventions to stop the epidemic. Healthy people 2020 incorporates a goal to prevent unintentional injuries and violence and reduce the consequences. Nursing should participate in providing education and violence assessment as well as emotional support to the victims of gun violence.

KEY POINTS

- Gun violence is overrepresented by the urban poor. The African American male living in an urban community is most at risk for gun violence. Gun violence is part of a vicious cycle of race and poverty in the United States, reflecting a social inequality. Violence has become a part of their everyday lives. The participants in the study described witnessing gun violence from a young age. They described feelings of hopelessness and felt as if they had no options to escape the violence in their neighborhoods. The participants relayed easy access to guns. Gun laws need to be enforced and easy access to guns needs to be eliminated.

- Gun violence is a major public health crisis. Thousands of people are being killed or injured by guns daily. Gun violence has a ripple effect, affecting the victims, the witnesses to violence, and the residents who no longer feel safe in their neighborhoods. Residents in violent neighborhoods feel abandoned by the pillars of community life: civic organizations, educational system, and the police force. They also feel deprived of equitable education opportunities.

- The participants in the study described feelings of posttraumatic stress disorders following being a victim of violence. Some of the study participants described feelings such as fear, anger, hypervigilance, and isolation after their shootings. Their symptoms and emotions are consistent descriptive of PTSD. They felt anxious and frightened and felt uncomfortable sharing their feelings with their family members or friends. Many of the participants stated that the experience changed their behaviors, such as going out in the neighborhood and trusting others.

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