

## Abstract

Title of Document: PEER HOMICIDE AND TRAUMATIC LOSS: AN EXAMINATION OF HOMICIDE SURVIVORSHIP AMONG LOW-INCOME, YOUNG, BLACK MEN

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Community violence remains a critical public health concern in the United States and a chronic threat to the well-being of boys and men of color. Homicide is the leading cause of death for Black males ages 15-34 (CDC, 2011). This health disparity simultaneously places them at risk for experiencing the traumatic loss of a peer and becoming homicide survivors. The likelihood that Black youth will have someone close murdered is 7.8 times that of Whites (Finkelhor et al., 2005), and previous research evidences significant mental and behavioral health consequences for surviving loved ones of homicide victims (Hertz et al., 2005; Zinzow et al., 2009). However, insufficient attention has been paid to experiences of surviving youth in urban contexts, and the experiences of Black male homicide survivors have been almost entirely overlooked.

Grounded in a Life Course Perspective (Elder & Giele, 2009), this study used an ethnographic approach, including life history calendar methods, to investigate the lived experiences of young, Black male survivors of peer homicide in low-income, urban contexts. Specifically, this study examined: 1) how the context of place shaped young men's exposures to violence, traumatic loss, and perceptions of safety and vulnerability; 2) the frequency and timing of peer homicide(s) across the life course; and, 4) survivors'

grief, coping, and recovery strategies and processes. In-depth interviews and field observations were conducted with 40 young, Black men (ages 18-24) in Baltimore City, Maryland. Data were analyzed using a modified grounded theory approach and the data were coded in three waves: open, axial, and selective.

Study findings indicate that chronic and unpredictable violence in young men's Baltimore neighborhoods constantly positioned them vulnerable to witnessing, experiencing, surviving, or dying from violence. Young men on average survived three homicide deaths across the life course, revealing the disparity of traumatic loss among this group. A contextually relevant, trauma-informed framework of homicide survivorship emerged from participant narratives of grief, vulnerability, coping, and recovery. These findings indicate peer homicide and traumatic loss as multidimensional threats to healthy transitions to adulthood for young Black men, and present implications for multilevel systems research, prevention practice, and policy development.

PEER HOMICIDE AND TRAUMATIC LOSS: AN EXAMINATION OF  
HOMICIDE SURVIVORSHIP AMONG LOW-INCOME, YOUNG, BLACK MEN

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## Chapter 1: Introduction

### Violence and Trauma

Black youth growing up in low-income, urban areas experience many culturally and contextually-specific risk factors that make them susceptible to experiences of trauma and loss across the life course (Garbarino, 1999; Johnson, 2010; Rich, 2009). Among young Black men and women, violence is a predominant traumatic event affecting their lives and their communities (Bell & Jenkins, 1991; Fitzpatrick, 1993; Garbarino, 1995; 1999; Jenkins, Wang & Turner, 2009; Zenere, 2009). For over two decades, homicide has remained a leading cause of death for African Americans ages 10-24 (Centers for Disease Control and Prevention (CDC), 2010), directly and indirectly affecting school-aged youth, adolescents, and young adults<sup>1</sup>. However, a greater prevalence of homicide exists among Black males. Among Black males ages 10-24 the homicide rate is 60.7 deaths per 100,000 (CDC, 2010). This rate exceeds the homicide rate among Hispanic/Latino males (20.6/100,000) and White males (3.5/100,000) of the same age range, combined (CDC, 2010). This health disparity also continues to disproportionately affect young Black men into adulthood, with homicide remaining the leading cause of death for Black males ages 25-34 (CDC, 2011). Altogether, more young Black men are killed annually than young men of any other racial-ethnic group in the United States.

Violence in low-income communities is especially pronounced. In low-income urban areas, residential segregation, lower educational quality, high rates of joblessness, overcrowding, substance use, gang activity, and easy access to firearms all increase the

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<sup>1</sup> The terms African American and Black will be used interchangeably throughout this dissertation to describe persons of African descent living in the United States

propensity for crime and violence in the inner-city (Anderson, 1999; Eitle, D'Alessio, & Stolzenberg, 2006; LaVeist, 2005). Research on exposure to violence among youth in urban areas often compares this experience to that of youth growing up in warzones abroad (Bell & Jenkins, 1991). Low-income youth report a greater likelihood of witnessing stabbings and shootings in their communities than youth growing up in communities of higher socioeconomic standing (Buka, Stichick, Birdthistle, & Felton, 2001). Consequently, low-income, urban youth are at a greater risk for exposure to violence, violent injury, and premature death than middle-class youth growing up in suburban areas (Buka et al., 2001; Way, 1998).

Exposure to community violence can be a traumatic event for young people (Jenkins et al., 2009; Rich, 2009). Trauma is defined as life-threatening events that present serious danger of harm or injury to the self or to others and that cause acute or lasting emotional or psychological discomfort, pain, or distress (American Psychological Association, 2000). Previous research indicates that youth exposed to violence (both as victims and witnesses) experienced psychological distress and met criteria Post Traumatic Stress Disorder (PTSD) (Jenkins, et al., 2009; Rich & Grey, 2005; Zenere, 2009). Additional studies suggest that youth exposed to community violence both as victims and witnesses experienced mental health consequences including anxiety, depression, and lowered academic performance (Chen, 2009; Cooley-Strickland, et al., 2009; Fitzpatrick, 1993; Garbarino, 1995; 1999; Rasmusen, Aber, & Bhana, 2004), with victims experiencing more pronounced mental health consequences. Trauma-informed research further demonstrates that multiple exposures to violence among youth often leads to a loss of perceived safety, increased risk for future violent acts, normalization of

violent activity, uncertainty about one's future, and a muted response to death (Parson, 1994; Rich, 2009; Zenere, 2009).

### **Loss for Homicide Survivors**

In addition to the trauma produced by violence among young, Black men, homicide also creates experiences of loss. The term loss broadly describes situations of separation or deprivation where an individual is physically or symbolically disconnected from a person, place, or thing to which an attachment or relationship exists (Hooyman & Kramer, 2006). Death-related losses create a permanent and complete physical separation from a family member, peer, or community member (Balk & Corr, 2009). In situations of homicide, surviving loved ones are often referred to as homicide survivors (Hertz, Prothrow-Stith, & Chery, 2005; Miller, 2009a; Miller, 2009b; Zinzow, Rheingold, Hawkins, Saunders, & Kilpatrick, 2009), and less is known about this group. It is estimated that homicide victims are survived by at least 7-10 close relatives (Redmond, 1989)—not including friends, classmates/colleagues, or community members. Exactly how many homicide survivors exist is difficult to pinpoint because the majority of data focuses on the numbers of murdered and victimized persons in the United States (Zinzow et al., 2009).

The limited research that has been done on homicide survivorship has largely examined this experience among family members of murder victims (Amick-McMullan, Kilpatrick, & Resnick, 1991; Horne, 2003; Miller, 2009a; Miller, 2009b; Quinsenberry, 2009), and these samples have largely been White and middle-income. Previous work suggests that family members of homicide victims experience unique factors surrounding the death of their loved ones that can complicate their grieving process. The unanticipated

and violent nature of the homicide death creates situations of traumatic loss where surviving loved ones may experience trauma responses in addition to grief (Miller, 2009a).

Symptoms of posttraumatic stress such as intrusive images of their loved one's death, nightmares, and anxiety have also been evidenced in surviving family members, with many meeting the criteria for Posttraumatic Stress Disorder (PTSD) (Amick-McMullan et al., 1991). The development of PTSD among homicide survivors has been consistently noted across studies even among family members who did not witness the death of their loved one (Amick-McMullan et al., 1991; Hertz et al., 2005), highlighting the intensity of this experience of loss for surviving family members. Further, ongoing interactions with the criminal justice system and media coverage of the homicide also make it difficult for many family members to find peace and privacy during their bereavement (Balk & Corr, 2009). The sudden, violent, and criminal nature of the loss fuels distrust in social relationships, creating unique challenges for requesting and receiving social support (Hertz et al., 2005). Such factors can make grief and recovery from the homicide of a loved one a more complex journey.

However, even less is known about the experiences of homicide survivorship among peers of murder victims, perhaps reflecting whom society acknowledges and validates as grievers. As described by Doka (2008), peers are often *disenfranchised grievers*—grievers who are not acknowledged as having a right to mourn a death, fully participate in the end of life rituals of a deceased friend, and who are not extended the same supports or coping resources as immediate family members of the deceased. Yet, peers are often intensely affected by the homicide of friend. A recent study by Zinzow et

al. (2009) exploring the impact of the homicide death of a loved one among young adults found that both the death of family and of peers had a significant impact on the mental health of young people, placing them at risk for PTSD, major depressive episode, and substance use/dependence.

Adolescent and young adult peers of murdered friends are even more likely to suffer disenfranchised grief. Young people are often misperceived as sufficiently managing the loss of loved one when in fact they are often silently struggling with the loss (Balk & Corr, 2009; Podell, 1989). Developmental hallmarks of adolescence and young adulthood such as the quest for independence and competence often make it difficult for young people to communicate their psychological pain and need for help to others (Malone, 2007; Noppe & Noppe, 1997). Simultaneously, adults may struggle to recognize the need to support bereaved young people or may lack the skills, language, or resources to help them cope effectively (Malone, 2007). Consequently, youth who lose a friend as a result of homicide may be uniquely vulnerable in processing and recovering from the trauma of peer homicide.

Given that Black youth are disproportionately affected by the health disparity of homicide, it is likely that they are also at greater risk for becoming homicide survivors as a result of peer death than other racial-ethnic groups in the United States. This may be especially true for young Black males as they face a greater likelihood of death as a result of homicide than any other racial-ethnic group in the United States (CDC, 2011). In much the same way, Black males are also vulnerable to multiple experiences of peer homicide and loss across the life course; however, the homicide survivorship literature has yet to empirically examine the experiences of persons who have lost multiple loved ones to

homicide (Hertz et al., 2005). We know the statistics, but researchers have limited understanding of the processes and contexts for grief, coping, and meaning construction among young, Black, male homicide survivors.

### **Challenges of Masculinities**

For young, Black males, gender and masculinity can complicate the experience of homicide survivorship and the grieving process even further. Central masculine expectations such as “boys/men don’t cry,” “man up,” and “show no weakness” are often introduced by a male child’s parents from birth and reinforced by society throughout the life course (Kivel, 2006; Real, 1997). These scripts are part of a larger masculine narrative that Kivel (2006) describes as the “Act Like a Man Box”; societal prescriptions and proscriptions of hegemonic masculinity that restrict the behavioral and emotional responses of men (Connell & Messerschmidt, 2005; Real, 1997). Peers of both genders also reinforce these masculine scripts, with male peers often testing whether or not a young man lives out these expectations through various challenges and contests (Real, 1997). While these challenges are presented to boys and men across the life course, they are particularly prevalent during adolescence and the transition to adulthood when young men are simultaneously working through the developmental task of identity formation (Lund, 2001).

This presents critical implications for how young men experience, construct meaning, and cope with the death of their peers as a result of community violence (Lund, 2001). Mindful that their responses to situations of peer homicide are not exempt from masculine expectations, young men may mask their hurt and pain or package it in such a way that they remain within the bounds of the *man box* (Kivel, 2006; Real, 1997).

Limited literature indicates that overall, men are more resistant to discussing psychosocial problems such as interpersonal losses with formal support networks (e.g. mental health practitioners) and informal support networks (e.g. friends, family, or romantic partners) (Lund, 2001; Real, 1997). Doing so may risk violation of masculine norms and thus threaten their identity as a man (Real, 1997), particularly for low-income, young Black men for whom the consequences of threats to masculine identity are higher (Anderson, 1999; Hall & Pizarro, 2011; Hunter & Davis, 1994; Roy & Dyson, 2010).

For many young Black men, living out these masculine expectations is central to their survival in both majority contexts and in their communities (Anderson, 1999; Hall & Pizarro, 2011). In addition to the widespread or normative expectation for males to maintain masculine scripts, it is often necessary for Black males to present what researchers have described as a *cool pose* in the face of difficulty, especially discrimination (Hall & Pizarro, 2011; Majors & Billson, 1992). Being cool even in the face of overwhelming obstacles offers external demonstrations of strength, competence, and survival to society and self. In spite of internal pain, worry, hurt, and turmoil, cool pose provides a way for some Black men to achieve masculine identities even in the face of unequal opportunity structures, chronic stress, and adversity (Roy & Dyson, 2010; Majors & Billson, 1992).

For low-income, young, Black men, societal/normative masculine expectations paired with culturally-specific masculine expressions of cool pose may further restrict young Black men's ability to constructively process grief connected to experiences of loss (Majors & Billson, 1992). Experiences of grief and loss could be even more complex to resolve when the interpersonal loss occurs in relationships with male peers—key



agents and enforcers of masculine identity socialization (Lund, 2001). Young Black men may carry unresolved grief from these interpersonal losses into their transitions to adulthood and across their life courses. This unresolved grief could precipitate the development of a host of mental health consequences including anxiety and depression and a decrease in the quality of both intimate and social relationships that may delay successful transitions to adulthood (Real, 1997; Settersten, 2007). We need to know/learn/understand more about these processes of response to peer homicide.

### **Trauma, Loss, and Healthy Transition to Adulthood**

The transition to adulthood is a period in the life course where young people are striving to individuate from their families of origin and achieve financial independence, psychological autonomy, and self-sufficiency (Arnett, 2003; Settersten & Ray, 2010). Also referred to as emerging adulthood, this period usually describes the experiences of young adults ages 18-24, though this period often extends much longer (Arnett, 2004). For low-income, young, men, the transition to adulthood can be a risky period (Kent, 2009). Limited economic resources, educational inequalities, and employment disparities can make it difficult for young, Black men to form stable connections to traditional pathways to adulthood (e.g. school and work) (Settersten, 2007) Yet for many low-income, young, Black men, economic disadvantage has accelerated the pathway to adulthood with many young men possessing precocious knowledge and acting in adult roles during childhood and adolescence (Burton, 2007). Chronic exposure to violence, trauma, and homicide survivorship contribute to adultification and place young, Black men at risk for mental health consequences such as PTSD that can compromise healthy transitions to adulthood (Burton, 2007; Jenkins et al., 2009).

Given that men, generally, and Black men, specifically, are often reluctant or lack the resources to seek quality mental health care to help resolve these psychosocial concerns, these men are often left with a restricted range of socially sanctioned coping strategies—namely silence and aggression (Real, 1997). Untreated mental health issues resulting from trauma and loss can place young Black males at increased risk for the development of depression and PTSD, which researchers have connected with lower academic achievement, lower long-term incomes, and lower employment rates (see American Psychological Association, 2011). Taken together, these factors can create additional obstacles during the transition to adulthood for young, Black men.

Although many studies have examined how exposure to violence among Black youth is predictive of adverse psychosocial outcomes, few studies have examined how the loss resulting from violence impacts Black youth (Bordere, 2008; Malone, 2006; Sharpe, 2008). Despite the widespread attention given to homicide and violence among young Black men, limited research has examined how they process, cope, and construct meaning around the traumatic experience of losing a peer to homicide (Bordere, 2008; Sharpe, 2008). Black youth are also vulnerable to multiple experiences of traumatic loss as a result of peer homicide. However, the homicide survivorship literature has yet to explore the impact of multiple experiences of homicide survivorship (Hertz et al, 2005), and certainly has failed to explore this among young, Black men. Lastly, to my knowledge, no studies have examined the implications of these experiences of loss among low-income, young, Black men as they transition to adulthood. Therefore, this dissertation intends to fill these gaps in research by examining the experience of homicide survivorship among young, Black men in low-income, urban contexts.

## **Chapter 2: Review of the Literature**

The purpose of this literature review is to present a synthesis of the empirical, clinical, and programmatic publications related to homicide and violence, trauma and loss, and the transition to adulthood. The focus of this literature review will be directed at work that attempts to understand these phenomena among Black youth in low-income urban areas. Young Black men are often left out of empirical research. Therefore, when possible, this review highlights work that specifically addresses the experiences of young Black men living and dwelling in low-income urban areas. I offer summaries of the literature relevant to the issues addressed in this dissertation, identify tensions in the literature concerning trauma and loss among Black youth, and highlighting gaps in the literature addressed in this dissertation.

I start by presenting an overview of homicide data in the United States and establishing homicide as a health disparity and a critical public health concern. Next, I discuss the structural and social determinants of violence related to homicide in urban communities cited in the literature and describe the nature and function of violence in these communities. I then introduce the literature on psychological trauma and research on violence and trauma among Black youth in urban areas. This section is followed by a review of the literature on loss and grief, being sure to highlight the experiences of homicide survivors, peers, and African Americans. I then explore how masculinities are shaped by social and cultural contexts, and question how young Black men experience and process traumatic loss “as men”. I follow this with a description of the literature on the transition to adulthood, identifying gaps in this research as it relates to low-income, young, Black men, violence, and traumatic loss. Lastly, I use life course perspective as a

theoretical framework for understanding the cumulative experiences of violence, traumatic loss, and homicide survivorship over the life course of young Black men.

## **Homicide & Violence**

**Homicide trends in the United States.** The United States has the highest homicide rate in the industrialized world and ranks among nations with the highest homicide rates worldwide (Pearson-Nelson, 2008; Blumstein & Wallman, 2006). Although the present homicide rate has significantly declined to rates not seen since the 1960s, the national homicide rate remains elevated in comparison to other developed nations (Blumstein & Wallman, 2006). According to the Bureau of Justice Statistics (2010) in 2005, there were 16,692 homicides (5.6/100,000) in the United States, 13,122 of which claimed the lives of American males. These data indicate that males are almost four times as likely to be homicide victims as females (Bureau of Justice Statistics, 2010). Males generally engage in more aggressive behaviors, making them more likely to display violent behavior (CDC, 2010; Kivel, 2006). Males are also more likely to use lethal weapons (e.g. guns, knives, etc.) during violent disputes further increasing their susceptibility to homicide (CDC, 2010).

Younger Americans are also disproportionately victims of homicide with 52.2% of the reported homicides in 2005 occurring among Americans ages 15-34 (Bureau of Justice Statistics, 2010). The highest homicide victimization rates occurred among older teens and young adults ages 18-24 (Bureau of Justice Statistics, 2010), making the transition to adulthood a dangerous period for many young Americans. This increased risk of homicide during the transition to adulthood also jeopardizes the potential contributions of emerging adults to the U. S. workforce. Instead of contributing to the

economic livelihood of the United States via entry into the workforce, homicide deaths among emerging adults pull resources from the American economy. In the year 2005, an estimated lifetime average of medical and work loss costs of homicides totaled over \$20 billion dollars (CDC, 2011). The majority of these medical and work loss costs were spent on young and male homicide victims, reflecting the disparity in homicide by age and gender (CDC, 2011).

**Homicide rates among African Americans.** Across gender and age, the overwhelming majority of homicide victims each year are African American (CDC, 2011; Bureau of Justice Statistics, 2010). Although Black Americans comprised only 13% of the total population in the United States in 2005, they accounted for a disproportionate 49% of the total homicide victims that year (Bureau of Justice Statistics, 2010). The 2005 homicide rate for African Americans was 20.6/100,000 compared to just 3.3/100,000 for Whites (Bureau of Justice Statistics, 2010). Homicide is the leading cause of death for African American males 10-34 in the United States (CDC, 2010), making Black males vulnerable to premature death across multiple developmental periods including childhood, adolescence, emerging adulthood, and young adulthood.

Black males are 15 times more likely to die from homicide than their White counterparts (O'Flaherty & Sethi, 2010), and more young Black men die annually from homicide than young men of any other racial-ethnic group in the United States (CDC, 2011; Kaiser Family Foundation, 2006). Across age, gender, and race, Black males ages 15-34 face the highest homicide victimization rates in the United States, extending the previously established age range of Black males most at risk for homicide by 13yrs (CDC, 2011). Previous reports indicated that the highest homicide victimization rates

were found among young Black males ages 18-24—a historic trend that has been maintained for over two decades (Bureau of Justice Statistics, 2010). In 2005, the homicide victimization rate for Black males ages 18-24 was 102/100,000 compared to only 12.2/100,000 among White males of the same age range (Bureau of Justice Statistics, 2010).

Researchers typically bracket the years 18-24 as the transition to adulthood (Arnett, 2004). However, for young Black men, exposure to violence during these years not only threatens successful and stable transitions to adulthood but it also threatens their ability to reach adulthood. For the surviving peers of homicide victims, this transition also includes the added tasks of recovering from trauma, processing loss, and adjusting to life without their beloveds.

**Homicide as a health disparity and public health concern.** Although recent public health research is beginning to give increased attention to the health disparity of homicide among young, Black men (CDC, 2011), the disparity in the experiences of trauma and loss among their surviving peers is often overlooked. Health disparities are defined as “a chain of events signified by a difference in: (1) environment, (2) access to, utilization of, and quality of care, (3) health status, or (4) a particular health outcome that deserves scrutiny” (Carter-Pokras & Baquet, 2002, p. 427). The disproportionate homicide victimization rate among African Americans, males in particular, garnered national attention and purposeful scrutiny in the mid 1980s (CDC, 2008; Nickens, 1986). In 1985 the Secretary of Health and Human Services (HHS) launched a task force to examine health disparities among Blacks and minorities in the United States (CDC, 2008; Nickens, 1986). Among other health outcomes (e.g. cancers) investigated, the HHS task

force examined homicide among Blacks and other racial-ethnic minorities in the United States. Reports indicated that when compared to their White counterparts, an excess death rate of 5,468 homicides occurred in the years 1979-1991 for Black males under age 45. This finding highlighted homicide as a key contributor to the disparity in the overall health of African Americans (CDC, 2008).

The task force's report, along with the 1985 workshop on violence and public health hosted by the U. S. Surgeon General, were conducted amidst the U. S. homicide epidemic that demanded the attention of the public health community. This epidemic started around 1980, peaked in 1991, and waned in 1994 (Bureau of Justice Statistics, 2010). At its peak in 1991, the number of homicide deaths in the United States was a record 24,703, of which 9,630 were Black males (Bureau of Justice Statistics, 2010). Ammons (1997) calculated that in the year 1991 alone, 2,712.3 years of potential life per 100,000 Black men in the population under age 65 were lost as a result of homicide, identifying homicide as a key culprit of early deaths among Black men (see p. 200-201). Analyses and disaggregation of homicide data during the epidemic of the 80s and early 90s showed that young and male offenders and victims, largely Black or Hispanic, propelled the increase in homicide rates during these years (Pearson-Nelson, 2008). For both Blacks and Whites, victims and offenders tended to be of the same race; therefore the numbers of homicide offenders of both races largely mirrored the disparity of homicide victims (Pearson-Nelson, 2008).

The homicide epidemic substantiated/confirmed warnings from an earlier report by the Surgeon General (1979) stating "the health community cannot ignore the consequences of violent behavior in efforts to improve health" (see CDC, 2008). In

response to the increase in homicide nationally and the disparity in homicide among Blacks, specifically, the task force pushed for a public health approach to preventing interpersonal violence in the U. S., rather than solely approaching violence as criminal justice problem (CDC, 2008). As such, researchers, programmers, policy-makers, and health professionals began to expand their perspective on violence from one of punishment and intervention to one of detection (identifying key predictors and settings), primary prevention, and treatment.

**Understanding violence among young, Black men in low-income communities.** Disparities in health are largely a product of avoidable, unfair, and unjust structural and sociocultural factors (Carter-Pokras & Baquet, 2002), often referred to as *structural violence* (Weingarten, 2003). Structural violence occurs when “the social system itself exploits some people to the benefit of others” (Weingarten, 2003, p.5) resulting in social injustices. As such, the health disparity of homicide among African Americans, and Black males in particular, is thought to be maintained by social and economic inequalities in the United States that perpetuate disparities in this health outcome (Clarke, 1996). Inner-city communities in the U.S. are often concentrated centers of socioeconomic challenges including residential segregation and overcrowding, educational inequities, unemployment, and easy access to firearms, which all increase the propensity for crime and violence in the inner city (Anderson, 1999; Eitle, D’Alessio, & Stolzenberg, 2006; LaVeist, 2005).

Although racial segregation legally ended in 1954 (Franklin & Moss, 2000), residential segregation continues to exist in the United States and largely occurs in metropolitan areas. In each of the top ten metropolitan areas in the U.S. (Los Angeles,



New York, Chicago, Philadelphia, Washington, DC, Detroit, Houston, Atlanta, Dallas, and Boston) African Americans experience the highest rates of residential segregation (LaVeist, 2005). In American cities, residential segregation is also highly indicative of structural barriers to attaining and maintaining good health for many African Americans. According to LaVeist (2005), “racial/ethnic disparities in health status exist because minorities are more likely than Whites to live in communities that are lacking in the necessary infrastructure to support a healthy lifestyle” (p. 141).

Lower economic and employment opportunities are realities in segregated communities that often result in concentrated poverty (Eitle, D’Alessio, & Stolzenberg, 2006). The CDC (2008) reports diminished economic opportunities and high concentrations of poor residents as two key community predictors of youth violence. Throughout the history of the United States, African American males have been consistently marginalized economically (Boyd-Franklin, 2003), and are often the most vulnerable to the economic disadvantage that comes with residential segregation. Young African American males who grow up in racially-segregated areas with higher concentrations of poverty witness and experience the limited economic opportunities for African American males, leading some to develop a fatalistic view of their future (Guerra & Williams, 2006). Such fatalism is only exacerbated by a perception of societal disregard or devaluation of them as young Black men as a consequence of residential segregation from the dominant group (Guerra & Williams, 2006). Taken together, these social-structural factors create a lethal combination of risk factors that predict violence and homicide among young, Black men (CDC, 2008; Guerra & Williams, 2006).

Perceived devaluation is reinforced by the experiences of African American males in the educational system. Access to quality education is another resource that is often limited for African American youth in racially-segregated areas (LaVeist, 2005; Guerra & Williams, 2006). Schools in poorer communities are often lacking in personnel and materials necessary to provide a quality education to the young people of these communities (Guerra & Williams, 2006). Additionally, teachers may have lower expectations for poor African American children, particularly African American male students (Guerra & Williams, 2006). This may put these young people at a greater risk for poor academic performance, low commitment to school, and school failure—all factors that are predictive of youth violence and youth homicide (CDC, 2008).

In response to limited educational, employment opportunities, and financial strain, many young, Black men are pushed into the underground economy for income (Hunter, Friend, Murphy, Rollins, Williams-Wheeler, & Laughinghouse, 2006; Roy & Dyson, 2010). This high-risk work often requires young Black men to carry weapons in order to defend themselves and their product, or to enforce transactions (Anderson, 1999). The easy access to firearms in low-income, urban communities makes it simple for young men to arm themselves with lethal protection (Anderson, 1999; Rich et al., 2009). However, the unpredictable nature of violence in urban communities that is largely connected to the drug trade also pushes youth who are not involved in the underground economy to arm themselves as preparation for sporadic violent encounters. Many scholars describe this as the “urban arms race” (Pearson-Nelson, 2008). Researchers examining the homicide epidemic of the 80s and 90s largely attribute the spike in

homicide among young, Black men to the spread of drugs into urban communities and to the increased access to firearms.

However, recent research has demonstrated the complex nature of violence among African Americans in low-income urban communities. While an increase in violence connected to drug activity has contributed to interpersonal violence in urban communities, distrust in the police to protect and keep community members safe has also spurred such violence (Clarke, 1996; Anderson, 1999; Jones, 2010; Rich, 2009).

Historically, the police have not been a reliable source of aid, defense, or protection for Blacks in United States (Clarke, 1996). As noted by Clarke (1996), in some communities, like those in Mississippi in the early to mid 1900s, the judiciary bodies even encouraged police to allow incidents of assaultive violence to go unpoliced, provided no White persons were affected.

The failure of the justice system and law enforcement to intervene on behalf of Black Americans produced a culture of “personal law enforcement” (Clarke, 1996, p. 47) that served to settle disputes and serve justice in the absence of a formal and equitable law enforcement system. Among young, Black men, this enduring, highly personal, and hypermasculine face-to-face, eye-for-an-eye street ethic is what Anderson (1999) describes as “the code of the street.” As described by Anderson (1999), “the code emerges where the influence of the police ends and a personal responsibility for one’s safety is felt to begin, resulting in a kind of ‘people’s law,’ based on ‘street justice’” (p. 10).

For many young men, and increasingly for young women (Jones, 2010), this code is highly dependent upon the ability to establish a reputation of willful engagement in

violence in order to deter or avenge aggression and disrespect (Anderson, 1999; Jones, 2010). Successfully establishing and maintaining a reputation of vengeance can earn young, Black men in urban communities respect—a precious commodity that can be simultaneously protective (physically and psychologically) and life-threatening (Anderson, 1999; Rich & Grey, 2005; Rich, 2009). As stated by Jones (2010):

This complex relationship among masculinity, respect, strength, and dominance too often encourages poor, inner-city boys and men, and men in the underground economy in particular, to resort to physical violence, or to risk their lives, in order to be recognized and respected by others *as men* (p.6).

Young men’s “campaigns for respect” (Anderson, 1999) paired with easy access to deadly firearms places young Black men at an increased risk for experiences of physical and psychological trauma (as direct and indirect victims), and loss (as surviving peers of homicide victims).

Although the rates of homicide in the U.S. have significantly declined, homicide remains the leading cause of death for Black males ages 10-34. This persistent disparity in health has prompted researchers, clinicians, programmers, and policy makers to expand their approach to interpersonal violence from a purely criminal justice approach to a public health approach—viewing interpersonal violence a detectable and treatable, and homicide as a cause of death that is preventable. Studies examining contributors to violence in low-income, urban communities have consistently pinpointed inequalities in education, work, and housing to be key predictors of crime and violence in these areas. For young, Black men, a lack of opportunities to find stable pathways to economic stability has robbed many of the traditional mechanisms of achieving the archetypal

masculine identity and securing respect. As a consequence, many young Black men are pressured into the underground economy, making them increasingly vulnerable to violent exposure. Easy access to firearms, paired with campaigns for respect through violent engagement places young, Black men in low-income urban settings at an increased risk for trauma (physical and psychological) as both direct and indirect victims. The pervasiveness of homicide among young Black men also places them at an increased risk of losing peers to violence—an experience that is often left out of the discourse around violence, trauma, and homicide among young, Black men.

## **Trauma**

Violence is a central source of traumatic exposure and it is responsible for the losses young men experience as a result of homicide. Understanding trauma and trauma responses is critical to understanding how young Black men experience and process peer homicide. It is also imperative preparation for conducting trauma-informed research with participants who have an increased likelihood of having a trauma history connected with community violence. The previous section of this review describes the nature of violence and the prevalence of homicide among Black men in low-income urban communities. This section of the literature review will examine historical and evolving definitions of trauma, trauma theory, trauma and violence in the lives of young, Black men, and the implications of trauma and trauma responses over the life course. The interrelationship of trauma and loss will be taken up in the next section of this review.

**Physical definitions.** Definitions of trauma vary by discipline. Medically-based definitions of trauma largely focus on events of bodily injury that compromise the

physical integrity of a person, such as a broken bone, laceration, or gunshot wound (Feinstein & Dolan, 1991). Although medical trauma is not the primary focus of this dissertation, it is important to be mindful of the physical injuries young men may encounter as a result of community violence. This is particularly important as violent victimization and physical injury make young Black men vulnerable to pathways of recurrent trauma and re-victimization (Rich & Grey, 2005).

In their qualitative study with African American males ages 18-30, Rich and Grey (2005) present their Model of Recurrence which describes how medical trauma can act as the catalyst for reinjury among young Black men. In this model, violent injury (e.g. stabbing, gunshot, assault) contributed to symptoms of posttraumatic stress, pressure to retaliate (see Anderson, 1999), and a lack of faith in the police. These experiences predicated pathways of marijuana use and a disrupted sense of safety that led youth to carry weapons and contemplate retaliation through violence, placing them at risk for reinjury. However, this study and this model solely focused on the experiences of young men who were direct victims of physical injury. It did not consider the effect recurrence might hold for young Black men who are directly or indirectly exposed (via witnessing or hearsay) to the violent and fatal injuries (homicide) of their peers as a result of community violence. In addition, the catalyst in this model is physical injury. Yet psychological injury and psychological trauma might also initiate pathways to both medical injury and/or psychological reinjury.

**Psychological trauma.** Mental health-based definitions of trauma largely refer to experiences of psychological injury that cause acute or lasting emotional discomfort, pain, or distress. The American Psychological Association (APA) (APA, 2000) defines

trauma as a life-threatening event that presents serious danger of harm or injury to the self or to others. The threat of harm may be actual or perceived, and it may be directly experienced or witnessed (Briere & Scott, 2006). These experiences are typically sudden in nature and accompanied by responses that include emotional shock, intense fear, horror, or helplessness (Briere & Scott, 2006). Psychological trauma can result from events involving direct physical trauma (e.g. physical or sexual abuse) or it can result from other negative, life-threatening events (e.g. natural disasters or community violence).

Chronic exposure to adverse and life-threatening events such as community violence can also alter the psychobiology of affected persons (Bloom, 1999). When under stress, the brain releases chemicals called endorphins that help the body calm down, reduce pain, and cope with stress. However, after repeated and chronic traumatic exposures, the brain can become “addicted” to high levels of endorphin releases and learns to depend on highly stressful situations in order to feel calm (Bloom, 2009). This often results in survivors of trauma purposefully situating themselves in dangerous or highly stressful situations (e.g. risk-taking behaviors including violence, compulsive sexuality, drug and alcohol abuse, self-mutilation, etc.) in order to achieve a level of calmness and equilibrium (Bloom, 1999). Other psychobiological and physiological consequences of chronic exposure to life-threatening situations such as community violence include an aroused fight-or-flight response, impairments in memory, and allostatic load (Bloom, 1999; LaVeist, 2005).

**Evolving definitions of trauma.** The American Psychological Association’s definition of trauma which centers around life-threatening situations has received

criticism for being too narrow and failing to take into consideration various other traumatic events that are not life threatening yet jeopardize psychological integrity (Briere & Scott, 2006). This traditional definition of psychological trauma overlooks stressful life events that “disrupt our fundamental sense of who we are, who others are, and our sense of safety and security” (Weingarten, 2003, p. 9). Therefore, researchers and scholars have worked to broaden this definition of trauma.

Most recently, researchers have worked to incorporate more subtle yet chronic experiences of adversity (e.g. oppression, racism, discrimination, poverty, incarceration, etc.) into the framework of trauma research (Rich, Corbin, Bloom, Rich, Evans, & Wilson, 2009). Young Black men living in low-income urban communities may be disproportionately vulnerable to these forms of chronic adversity as they are often the targets of racial profiling, discriminatory hiring practices/unemployment, and policing (Pager, 2005; Pager, Western, & Bonikowski, 2009). Young Black men are also disproportionately exposed to violence as witnesses and victims in their urban communities (Jenkins et al., 2009; McGee, 2000). When examined systemically, low-income, young Black men face an increased risk for trauma as they often experience: 1) chronic adversity, 2) multiple and chronic exposures to violence; 3) limited external resources in their communities, and 4) societal and culturally-specific masculinity prescriptions and proscriptions that limit their internal resources for coping with traumatic experiences (Johnson, 2010; Majors & Billson, 1992; Rich et al., 2009). However, these multiple, chronic, and cumulative experiences of adversity in the lives of young Black men have yet to be fully understood or explored as traumas in the empirical literature.



**Trauma responses.** The APA emphasizes the emotional, behavioral, and psychological responses to these life-threatening events as core a feature of trauma, with the frequency, intensity, and duration of the responses as the determining criteria for psychological impairment (APA, 2000; Briere & Scott, 2006). In response to traumatic exposure, persons may experience traumatic responses including depression, anxiety, and stress disorders (Briere & Scott, 2006). Posttraumatic stress symptoms are the most commonly discussed in relation to trauma. As described in the Diagnostic and Statistical Manual-IV-Text Revisions (DSM-IV-TR) (APA, 2000), posttraumatic stress symptoms are clustered into three major categories: 1) re-experiencing; 2) arousal; and, 3) avoidance.

Re-experiencing symptoms describe traumatic responses where an individual (direct victims or witnesses) relives or frequently imagines experiencing (indirect victims/loved ones of victims) a traumatic event. Re-experiencing symptoms include: intrusive thoughts, distressing dreams or nightmares, flashbacks, and psychological and emotional reactivity to reminders of the traumatic event (APA, 2000). Arousal symptoms describe psychological and physiological traumatic responses where the individual is at a heightened state of alert or may be seemingly on edge or exhibiting jumpiness. Examples of arousal symptoms include: hypervigilance, difficulty sleeping, exaggerated startle response, irritability, and difficulty concentrating (APA, 2000). Avoidance symptoms describe efforts by a trauma-exposed individual to avoid “stimuli associated with the trauma and numbing of general responsiveness” (APA, 2000, p. 476).

According to the DSM-IV-TR (APA, 2000), avoidance symptoms can be expressed as a variety of symptoms including:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma; (2) efforts to avoid activities, places, or people that arouse recollections of the trauma; (3) inability to recall important aspects of the trauma; (4) markedly diminished interest or participation in significant activities; (5) feelings of detachment or estrangement from others; (6) restricted range of affect (e.g. unable to have loving feelings); (7) sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span) (p. 476).

The timing of the onset of the symptoms paired with the duration of the symptoms and symptom type determine if an individual meets the criteria for acute stress disorder (ASD) or posttraumatic stress disorder (PTSD). The core differences between ASD and PTSD is that ASD symptoms have early onset post trauma, are shorter in duration (30 days), and have more dissociative features (e.g. numbing and detachment) (Briere & Scott, 2006).

**Trauma-related disorders.** In 1980, trauma-specific diagnoses were introduced to the DSM-III (Courtois, 2004; Rich et al., 2009). Psychologists, researchers, and other mental health practitioners welcomed the additional diagnostic criteria for PTSD and dissociative disorders (e.g. ASD) as they helped clinicians better understand and treat trauma survivors. The experiences of soldiers returning from the Vietnam War in the 1970s were instrumental in increasing knowledge, clinical practice, and research on trauma (Courtois, 2004; Rich et al., 2009). Prior to the 1980, mental health clinicians working with Vietnam veterans often struggled to describe and diagnose the adverse reactions of soldiers returning from war (Courtois, 2004). However, the 1980 DSM-III articulated the triad of symptoms stated above: 1) re-experiencing, 2) arousal, and 3)

avoidance, which remain the foundational diagnostic criteria used by mental health practitioners today. This timely addition also proved useful in advancing work with survivors of child abuse and domestic violence, which were beginning to receive more attention following the 1970s women's movement (Rich et al., 2009).

As work with trauma survivors progressed, clinicians and researchers again discovered that trauma response symptoms presented by some patients did not fit neatly into the symptomology triad articulated in the DSM-III (Courtois, 2004; Van der Kolk, Roth, Pelcovitz, Sunday, & Spinazolla, 2005). Chiefly seen in patients who experienced chronic and interpersonal trauma over multiple developmental periods starting in childhood, these symptoms included reports of substance use, risky behaviors, problematic interpersonal relationships, and others (Courtois, 2004; Van der Kolk et al., 2005). In response, researchers began developing diagnostic criteria for what they describe as Complex PTSD (CPTSD)/Disorders of Extreme Stress, not otherwise specified (DESNOS). As outlined by Courtois (2004), the six primary diagnostic criteria for CPTSD/DESNOS are:

- 1) Alterations in the regulation of affective impulses (e.g. emotion regulation and self soothing behaviors);
- 2) alterations in attention and consciousness (e.g. amnesia and dissociation);
- 3) alterations in self-perception (e.g. guilt and shame);
- 4) alterations in the perception of the perpetrator (e.g. belief system about abuser);
- 5) alterations in relationships with others (e.g. inability to trust or create intimate relationships with others);
- 6) somatization and/or medical problems (e.g. physical symptoms) ;
- 7) alterations in systems of meaning(e.g. hopelessness; perceived inability to be understood or recover from abuse) (p. 414).

These categories, which are distinctive from PTSD criteria, were developed with the goal of capturing clinical observations of trauma survivors who experienced multiple, chronic, and interpersonal traumas, typically across developmental periods starting in childhood (Courtois 2004; Briere & Spinazzola, 2005). Empirical research exploring the prevalence of PTSD and CPTSD/DESNOS symptoms in trauma survivors found that early onset trauma brought on more CPTSD/DESNOS symptoms than later interpersonal trauma, with persons who experienced trauma at the earliest ages reporting the greatest CPTSD/DESNOS symptomatology (Van der Kolk, 2005). This study also indicated that CPTSD/DESNOS symptoms were experienced above and beyond PTSD, and the longer the trauma was experienced, the higher the likelihood of reporting both PTSD and CPTSD/DESNOS symptoms. This work highlights the complexity of the responses to chronic, interpersonal trauma over the lifespan (Van der Kolk, 2005; Briere & Spinazzola, 2005).

Results from the Adverse Childhood Experiences (ACE) study have provided key insights into the impact of early and multiple traumas on later life (Felitti, 2002; Rich et al., 2009). This groundbreaking study, jointly conducted by the Centers for Disease Control and the Kaiser Family Foundation, examines the impact of multiple categories of childhood trauma on health and behavioral outcomes in adulthood. The nine categories examined include: 1) recurrent physical abuse; 2) recurrent emotional abuse; 3) contact sexual abuse; 4) an alcohol and/or drug abuser in the household; 5) an incarcerated household member; 6) someone who is chronically depressed, mentally ill, institutionalized, or suicidal; 7) mother is treated violently; 8) one or no parents; or 9) emotional or physical neglect. Over 17,000 middle-aged, middle class, American

participants were asked to report the number of ACEs they experienced in addition to reporting on numerous physical and mental health outcomes via questionnaires. The participants in this study were overwhelmingly White, middle class, and insured.

Results from this study indicated that on average, participants reported experiencing three ACEs across their life course—revealing a higher rate of trauma among the general population than anticipated (Felitti, 2002). In addition, reports of trauma in childhood were associated with mental, behavioral, relational, and physical health outcomes in adulthood. As summarized by Rich et al., (2009), “as the ACE score increases, so does the risk of an array of social and health problems such as: social, emotional and cognitive impairment; adoption of health-risk behaviors; disease, disability and social problems; and early death” (p. 13). Results also indicated that ACEs were also predictive of risky health behaviors, unstable social relationships, and work difficulties in adolescence (Felitti, 2002; Rich et al., 2009).

It is again worth noting that these results were found among a majority White, middle-income, and insured sample of participants. It can be expected that the reports of ACEs is markedly higher among low-income, Black youth and young adults who face unique and additional stressors and often lack stable and reliable resources such as health insurance. Further, community violence, a pervasive threat to the well-being of low-income, urban, and minority youth, is not considered in this national evaluation of adverse childhood experiences. Therefore, researchers are failing to capture a chronic source of traumatic exposure, especially among African Americans who grew up in low-income urban areas.

Being informed of complex trauma is important for understanding the mental, physical, and behavioral health outcomes of young Black men growing up in low-income urban environments. Widespread poverty and violence place young Black men at an increased risk for experiencing and witnessing interpersonal trauma throughout their childhoods, adolescence, and into adulthood. Yet, the majority of research on complex trauma has failed to examine experiences of community violence. This is a critical oversight in that research is neglecting a key opportunity to understand how multiple traumas shape the mental, behavioral, and relational health of young Black men across the life course.

**Trauma theory.** Overall, “trauma theory posits that traumatic events are stressful experiences which directly affect functioning on physiological, psychosocial, and cultural levels” (Sharpe, 2008, p. 201). The criteria for trauma related disorders have been useful in identifying these impairments, and advancing treatment and treatment development for trauma survivors. However, the discourse around diagnoses without a richer understanding of the lived experiences of individuals can cultivate a cultural perception of sickness among clinicians, where patients are viewed as “sick” and in need of fixing and/or hospitalization (Bloom, 2006). In another regard, many patients, particularly those whose trauma responses explicitly violate societal norms (e.g. substance abuse or risk-taking behaviors) are even perceived as “bad” and are handed over to the criminal justice system for punishment. Those who are considered to be both “sick” and “bad” may be bounced around between the mental health and criminal justice systems (Bloom, 2006). This approach to treatment can limit the effectiveness of care and further disempower trauma survivors, especially low-income persons and racial minorities who are already

marginalized by society and may also lack adequate resources within their community to help them recover and cope. Young Black men are particularly vulnerable to being labeled as “bad” as their dual statuses of youth and boys of color are often demonized and stereotyped as deviant (Spivack & Prothrow-Stith, 2005).

However, Bloom (2006) and colleague Rich (2009) challenge clinicians, researchers, and public health professionals to shift this perceptual framework from one that views trauma survivors as “sick” or “bad” to one that views them as “injured” and in need of healing (Bloom, 2000; Rich et al., 2009). This shift to an injury approach, often referred to as trauma theory or trauma-model of informed care, allows clinicians to make contextual considerations about trauma (e.g. “What’s happened to you?”), rather than perceiving trauma responses and trauma-related disorders as endemic to the individual (e.g. blaming the individual—“What’s wrong with you?”). In this way, survivors of trauma are viewed as hurt and in need of healing from the traumatic events that violated their sense of safety and self (Spivack & Prothrow-Stith, 2005). Approaching trauma from an injury perspective has also enabled researchers and practitioners to broaden their conceptualizations of trauma, of the contributors to trauma responses, and ultimately clinical and programmatic approaches to treatment and intervention (Bloom, 2006).

Scholars are also working to incorporate cultural considerations into their understanding of trauma. As described by Sharpe (2008), historical and collective experiences of trauma experienced by groups of people are referred to as cultural trauma (see Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2001). For African Americans, experiences of cultural trauma refer to slavery, Jim Crow, and their enduring legacies of racism, discrimination, and marginalization. These experiences, situated in the collective

memory and history of the African American community (Eyerman, 2001), echo across generations, informing and influencing the cultural and individual identities of Black and African Americans and shaping their interactions with the world (Eyerman, 2001; Sharpe, 2008). This history can compound contemporary experiences of trauma experienced by Blacks, and should also inform the work of researchers, clinicians, programmers, and policymakers. This should especially inform work done with young Black men as they have historically experienced the highest rates of discrimination and marginalization.

**Trauma, exposure to violence, and young Black men.** Young Black men disproportionately experience traumas including interpersonal violence and chronic adversity that are maintained by structural inequalities and other stressful life events (poverty, incarceration, disparities in systems of care, marginalization, and low social status) in their urban environments (Rich et al., 2009). For decades, the pervasiveness of structural and interpersonal violence in the lives of Black youth has resulted in a thread of traumatic events throughout their everyday experiences. In 2010, the Office of Minority Health and the Center for Nonviolence and Social Justice launched the Commission on the Impact of Trauma and Violence on the Health of African American Men, which seeks to raise awareness about the persistent issues related to trauma and violence among young Black men (Office of Minority Health, 2010). Decades prior, the 1985 joint report from the Surgeon General and the Task Force on Black and Minority Health naming interpersonal violence a critical public health concern brought national attention to this issue and spurred key research on exposure to violence among Black youth (CDC, 2008; Nickens, 1986). Many studies have since emerged in an attempt to understand the



prevalence of exposure to violence among African American youth and the links between urban violence and trauma among Black youth (Morris, 2009; see Table 1 for partial summary of exposure to violence literature).

Research on youth exposure to violence in urban areas often compares this experience to that of children growing up in warzones abroad (Bell & Jenkins, 1991; Dubrow & Garbarino, 1989). As partly summarized by Morris (2009; see Table 1), exposure to violence in all of its forms (hearsay, witnessing, and victimization) is a salient experience for African American youth in urban settings throughout the United States. Black youth in Baltimore and Boston (Gladstein & Slater, 1998), Los Angeles (Bell & Jenkins, 1991), Chicago (Bell & Jenkins, 1993; Smith & Tolan, 1998), Miami (Berman, 1996), New Orleans (Bordere, 2008; Osofsky, 1993), and Washington, D. C. (Fitzpatrick & Boldizar, 1993), consistently report high levels of exposure to violence. Youth's exposure to violence includes witnessing stabbings, shootings, someone being beaten up, and even homicide (Shakoor & Chalmers, 1999). Studies have consistently found higher rates of violence and trauma exposure among young, Black males (Chen, 2009; Rich et al., 2009; Jenkins et al., 2009). The ages and developmental stages of Black youth vary across studies with youth pre-kindergarten (Shahinfar, 2000) through high school (Lambert, Nylund-Gibson, Copeland-Linder, & Ialong, 2010; McGee, 2000) reporting hearing about, witnessing, or directly experiencing severe violence in their communities. Together, these studies demonstrate violence as an enduring stressor across the lifespans of Black youth in low-income, urban communities.

Table 1

*Exposure to Violence Literature Summary*

<b>Author(s)</b>	<b>Study Results</b>
Buka (2001)	Forty-Seven percent of low-income African-American youth have witnessed a murder and 56% have witnessed a stabbing.
Smith and Tolan (1998)	Results from the Chicago Youth Development Study (CYDS) showed 80% of inner city adolescent boys reported exposure to violence in their lifetime and 56% of these boys reported seeing someone get beaten up.
Bell and Jenkins (1993)	In a study of children in Chicago, 75% had witnessed a robbery, stabbing, shooting and/or a killing.
Osofsky (1993)	Ninety-Eight percent of children studied in New Orleans had witnessed violence and 51% had been a victim of violence.
Fitzpatrick and Boldizar (1993)	Seventy percent of youth surveyed in the DC area were victims of violence; 85% witnessed a violent act; and 43.4% witnessed a murder.
Uehara (1996)	1,035 African Americans ages 10-19 were surveyed; 75% witnessed a violent act and 46.5% had been a victim of violence.
Shahinfar (2000)	In a study of children in Head Start, 57% of the student's parents stated that their child witnessed mild levels of violence and 8% witnessed severe levels of violence. However, when the students were surveyed, 37% reported being a witness to severe violence.
Gladstein and Slater (1998)	Twenty – three percent of patients at an adolescent health care clinic in Baltimore had witnessed homicide and one out of every ten children at a clinic in Boston City Hospital witnessed a shooting or stabbing before the age of six.
<i>Indicators of School Crime and Safety in 2005</i>	Thirty-five percent of students in urban schools reported being in a fight away from school; 43% of Black students reported being in a fight away from school. 17% of students in urban schools reported carrying

	a weapon. Black and Hispanic students in urban schools were more likely to report fearing for their safety in school and away from school. Students in urban areas were more likely to avoid certain places in school. Students ages 12-18 were victims of about 1.3 million non fatal crimes while they were away from school.
Bell (1991)	In a survey of inner city high school students, 75% reported witnessing shootings, robberies, and stabbings and 46.5% had been victims of such acts.
Singer (1994)	Seventy-five percent of the students surveyed had experienced, witnessed, or been threatened by physical violence during the past year; 50% had witnessed a shooting in the past year.
Freeman (1993)	Forty-seven percent of children surveyed in an urban school could describe a violent event they witnessed.
Durant (1994)	Eight-four percent of the students surveyed in inner city communities were involved in a violent event.
Berman (1996)	In a survey of students at a Miami Dade County area high school, 86.5% reported witnessing a beating or mugging and 41.6% witnessed a murder.
Shakoor and Chalmers (1999)	In a survey of urban elementary and high school students and almost half reported being directly victimized; 75% reported witnessing a robbery, stabbing shooting or homicide.

*Summary of Youth Violence Studies* in E. Morris (2009). Youth violence: Implications for Posttraumatic Stress Disorder. Washington, D.C: National Urban League

Traumatic exposure to violence places Black youth at risk for numerous adverse psychosocial consequences including depression, anxiety, posttraumatic stress, substance use, academic problems, and strained interpersonal relationships (Bell & Jenkins, 1991; Chen, 2009; Cooley-Strickland et al., 2009; Fitzpatrick, 1993; Jenkins et al., 2009; Lambert, Ialongo, Boyd, & Cooley, 2005; Ortiz, Richards, Kohl, & Zaddach, 2005).

However, mixed findings concerning the onset and intensity of these adverse psychosocial outcomes exist across studies. Two key factors that shape outcomes for youth exposed to violence include the type of traumatic exposure (hearsay, witnessing, or direct victimization) and the timing of the exposure (age and developmental period) (Spano, Rivera, & Bolland, 2005; Fitzpatrick, 1993).

In his study of inner city African American youth ages 7-14, Fitzpatrick (1993) only found depression in: 1) younger youth exposed to community violence and, 2) youth who were direct victims of violence. No statistically significant reports of depression were found among youth who were witnesses but not direct victims. Fitzpatrick attributed this finding to a sophisticated set of coping strategies youth applied to insulate themselves from the chronic violence in their community and/or a level of desensitization to violence that youth acquired after years of witnessing chronic violence. Fitzpatrick's explanation for his findings introduces an interesting question of whether Black youth in this study demonstrated resilience or PTSD symptomology (e.g. psychological avoidance or psychic numbing). However, the quantitative methods used in this study did not assess for PTSD or coping behaviors among these youth. Therefore, we are limited in our understanding of how these youth who witnessed violence resisted depression. This study will help to illuminate these questions by using qualitative methods to explore how Black youth exposed to violence process such trauma.

More recent studies have found mental and behavioral health consequences among Black youth who have witnessed violence. Chen (2009) found greater internalizing behaviors (e.g. depression, anxiety, and somatization) among Black youth who reported exposure to violence than those who did not report exposure. However,

even though the young Black men in this study reported the highest rates of exposure to violence (1 in 4 reporting violent victimization) their scores on the internalizing measures were statistically significantly lower than the comparison group of youth reporting the lowest rates of exposure to violence, Asian American females. Although males typically score lower on their reports assessing mental health, this finding may be attributable to cultural expectations of masculinity which challenge young men to appear unaffected or unharmed in distressing situations (Hall & Pizarro, 2011). As hypothesized by Fitzpatrick (1993) and others, it may also be indicative of desensitization to the chronic violence these young men are exposed to in their communities.

Additional studies examining the impact of exposure to community violence on youth mental health have indicated that youths exposed to violence (as direct and indirect victims) did meet the criteria for PTSD (Jenkins et al., 2009; Rich, 2005; Zenere, 2009). A study exploring posttraumatic stress (PTS) symptoms among African American sixth graders in Chicago revealed that higher adolescent reports of posttraumatic stress symptoms (e.g. avoidance, hyperarousal, numbing, dissociation, and intrusion) were associated with higher reports of adverse daily psychosocial experiences such as difficulty paying attention, feelings of aggression, negative affect, and feelings of anxiety (Ortiz et al., 2005). Among this sample, avoidance, numbing, and dissociation were the most prevalent PTS symptoms. Results indicated that gender only interacted with PTS symptoms to moderate the relationship between PTS symptoms and anxiety. Higher reports of numbing and dissociation symptoms among boys accounted for more of the variation in everyday experiences of anxiety than for girls. These results suggest that young men may be more likely to use trauma response strategies such as emotional

detachment and numbing to manage the psychological trauma accompanying violent exposure. However, while these strategies may appease their emotional discomfort, it may simultaneously increase their experiences of anxiety.

Interestingly, youth (both males and females) who reported higher avoidant symptomatology perceived themselves as safer, and were less likely to perceive others as supportive (e.g. friendly, trustworthy, safe, helpful). As suggested by the authors, this has important implications for youth's utilization of social support networks typically considered to be a protective factor, particularly for urban youth (Ortiz et al., 2005). This also presents potential long-term consequences for low-income, young, Black men during the transition to adulthood. Social and professional networks are key resources of social capital as young people work to identify and secure pathways to educational attainment and economic opportunity (Settersten & Ray, 2010). However, young Black men who have experienced isolated or cumulative traumatic events across the life course may be hesitant to utilize these networks of support because of distrust in social relationships.

**Summary.** There are multiple types and definitions of trauma. Medical definitions of trauma primarily focus on physical injuries while mental health-based definitions of trauma focus on emotional and psychological distress produced by life-threatening situations. Criticisms of historical definitions of psychological trauma have led to broadened definitions of trauma that include chronic experiences of adversity (e.g. racism and discrimination, poverty, etc.). Clinical observations and research on trauma survivors have identified numerous trauma responses that have enabled clinicians to categorize symptoms and develop a diagnostic classification system of trauma-related disorders including posttraumatic stress disorder (PTSD) and complex posttraumatic

stress disorder/disorders of extreme stress not otherwise specified (CPTSD/DENOS).

Studies examining CPTSD have helped us to gain understanding about the effects of multiple experiences of trauma over the life course. However, these studies largely focus on White, middle-income samples, and have excluded experiences of violent exposure resulting from community violence.

Studies that have specifically examined the impact of traumatic exposure through community violence on Black youth indicate that violent exposure in the community is predictive of adverse psychosocial factors among Black youth. Mixed findings emerged with results of violent exposure differing by type of exposure (direct or indirect), gender (male v. female reports), and timing of exposure (early childhood v. adolescence). What is clear is that Black males have the highest rates of traumatic exposure(s) (direct and indirect victims) as a result of community violence. Consequently, these young men are vulnerable to multiple psychological injuries over the life course. Additional research is needed to clarify the implications of trauma for young, Black men's mental, behavioral, and relational health.

### **Traumatic Loss, Grief, and Homicide Survivorship**

Violence in low-income, urban environments claims the lives of thousands of Black males each year. With homicide as the leading cause of death for Black males ages 10-34, young, Black men are no strangers to encounters with loss. This persistent health disparity places young, Black men living in low-income communities at an increased risk for losing same-race, same-gender peers to homicide than their White and suburban counterparts. Although a robust body of empirical research on exposure to violence

among Black youth has been established in the literature (Jenkins et al., 2009; Buka et al., 2001; Smith & Tolan, 1998; Bell & Jenkins, 1993), and although there is an emergent body of literature on trauma in the lives of young, Black men (Rich, 2009; Rich et al., 2009; Rich & Grey, 2005), there have been only limited efforts to understand experiences of grief and loss (Bordere, 2008; Morin & Welsh, 1996) or homicide survivorship among this group.

The previous section of this review describes trauma responses to violent victimization. This section of the literature review builds on that section by providing a brief overview of the literature on loss and grief generally, and reviewing the literature on traumatic loss and grief, specifically. Attention is paid to adolescent/young adult responses to death, encounters with peer death, and the unique experiences of homicide survivorship. Lastly, the implications of societal, cultural, and contextual masculinities for how young, Black men respond to traumatic loss are discussed.

## **Loss**

*Conceptualizations of loss.* Loss broadly describes situations of separation where an individual is physically (e.g. death) or symbolically (e.g. job termination) disconnected from a person, place, or thing to which an attachment or relationship exists (Balk & Corr, 2009; Hooyman & Kramer, 2006). A loss is often multidimensional with the actual separation from the person or object described as the primary loss (e.g. peer homicide), and secondary losses describing subsequent changes produced by the primary loss (e.g. perceived loss of safety after a peer is murdered) (Balk & Corr, 2009). The magnitude of a loss and whether or not it precipitates a grief response is predicated upon several factors including the nature of the loss, an individual's relationship to that which



was lost, and the meaning constructed about the loss (Balk & Corr, 2009). Some degree of loss is always present in situations of change throughout the life course (Hooyman & Kramer, 2006) and young, Black men in low-income families are at an increased risk for experiences of both physical and symbolic losses resulting from frequent instability and chronic adversity in their daily lives. However, the scope of this dissertation will primarily focus on events of physical loss through death.

*Prevalence of death-related loss among African Americans.* Death, a permanent and complete physical separation from a person or thing to which a relationship or attachment exists, is the most commonly acknowledged experience of physical loss (Balk & Corr, 2009; Hooyman & Kramer, 2006). Death is considered a major loss as it is a highly personal and emotional experience and its impact resounds throughout multiple spheres of an individual's life (e.g. school, work, family and social relationships, etc.) (Hooyman & Kramer, 2006). Black Americans are at an increased risk for experiencing death-related losses across the life course than members of other racial-ethnic groups in the United States. The historic legacy of systematic racism and discrimination in the United States has produced a host of health disparities that place Black men and women of all socioeconomic levels at-risk for premature death (LaVeist, 2006). However, this risk is most pronounced among Black men (Kaiser Family Foundation, 2006). Black men die at rates higher than men and women of all other racial-ethnic groups in the United States (Kaiser Family Foundation, 2006).

Taken together, these data are indicative of a higher pervasiveness of death-related loss among Black Americans and Black youth. In a study exploring loss, trauma, and mental health among adolescents, Rheingold, Smith, Ruggiero, Saunders, Kilpatrick,

& Resnick, (2004) revealed that African American adolescents were more likely to experience the death-related loss of a family member or friend than youth of other racial-ethnic backgrounds in their study, with low-income Black youth facing the highest likelihood of experiencing the death of a family member. A recent study of college students revealed that African American college students also experienced more homicide deaths of loved ones than their White counterparts (Laurie & Neimeyer, 2008). For Black youth growing up in low-income urban areas, the risk of experiencing a traumatic loss is even higher.

**Traumatic Loss.** According to Rando (1993) traumatic loss is defined as an event of loss that is characterized by a level of:

- (a) suddenness and lack of anticipation; (b) violence, mutilation, and destruction;
- (c) preventability and/or randomness; (d) multiple deaths; [or] (e) the mourner's personal encounter with death, where there is either a significant threat to personal survival or a massive and/or shocking confrontation with the death and mutilation of others" (p. 568-569 as cited in Corr, Nabe,& Corr, 2009).

As described, traumatic losses are typically unanticipated. The sudden nature of this type of loss can present unique challenges in grieving the loss as surviving family and friends are usually unprepared to absorb the blow of the death (Corr et al., 2009). The unexpected nature of the loss paired with the disturbing or violent cause death can overwhelm an individual's ability to cope with the loss and can disrupt their sense of physical and psychological safety (Corr et al., 2009). Consequently, one's worldview can be shattered as former beliefs around safety or invincibility to death or danger are violated (Corr et al., 2009).

Given that homicide is the leading cause of death of all Black youth ages 10-24 (CDC, 2010), and for young Black men up to age 34, Black youth and young adults face a higher likelihood of experiencing a traumatic loss (Ribbens McCarthy, 2009). In a recent study exploring traumatic events among African American youth, Jenkins et al. (2009) found that one in four of 403 Black early adolescent youth (ages 11-15) surveyed experienced the death-related loss of relative or peer as a result of violence in their Chicagoan communities. Additional research reports that the risk experiencing the traumatic loss of a loved one (Zinzow et al., 2009; included peers in their conceptualization of loved ones) remains prevalent for African American young adults. Although African Americans comprised only 13% of their national sample of young adults who lost a loved one to homicide, Zinzow et al. (2009) found reports of the criminal homicide (e.g. non-vehicular deaths) of a loved one to be more prevalent among African American young adults (ages 18-24) than among the other racial-ethnic groups surveyed.

Taken together, these recent empirical studies suggest that across the developmental periods of preadolescence (9-12), adolescence (13-17), and emergent adulthood (18-24), Black youth are increasingly vulnerable to experiencing a traumatic loss as a result of homicide (Jenkins et al., 2009; Zinzow et al., 2009). Low-income, young Black men growing up in urban areas are perhaps most vulnerable to experiencing the traumatic loss as result of peer homicide and this risk extends into young adulthood for this group (25-34). As this risk endures across developmental periods, Black youth are also at an increased risk for experiencing multiple traumatic losses across the life course.

The number of losses experienced over the life course has implications for mental and behavioral health, with more losses resulting in an increased likelihood of stress, anxiety, and depression (Mercer & Evans, 2006; Thomas & Sours, 2007). Therefore, the cumulative experiences of loss may create enduring consequences for the mental, behavioral, and relational health of Black youth that can compromise successful transitions to adulthood. Yet, limited research has explored the experience of peer homicide among young people, generally (Johnson, 2007; Malone, 2007; Podell, 1989) or among young Black men, specifically. Even fewer have explored how young Black men respond to singular and multiple experiences of traumatic loss or the implications of these losses across the life course (Beckett, 2000; Hertz et al., 2005).

**Grief.** Grief is defined as a normal process that includes our reactions to the loss of a person or thing to which an attachment relationship exists (Hooyman & Kramer, 2006). It describes our attempts to adjust to a world without our deceased loved one (Balk & Corr, 2009). Grief is a highly individualized process (Burke, Neimeyer, & McDevitt-Murphy, 2010). No two people grieve exactly the same way or exhibit identical grief reactions in response to a loss (Balk & Corr, 2009; Burke et al., 2010; Neimeyer, 2001; Walsh & McGoldrick, 1991).

**Grief responses.** The literature identifies five key factors that shape responses to grief. These factors will be introduced here and addressed throughout the entirety of this section on traumatic loss, grief, and homicide survivorship. As outlined by Corr et al. (2009), the five core factors shaping the grief experience include: 1) the developmental stage of the survivor (e.g. child, adolescent, emerging adult, young adult, etc.); 2) the nature of the death (e.g. homicide) and the concurrent circumstances (e.g. present

stresses, financial challenges, etc.) of the survivor; 3) the nature of the prior attachment relationship (e.g. perceived closeness or value of the deceased person to the survivor); 4) the survivors' repertoire of coping strategies and available coping resources; and, 5) nature and quality of social support available to survivors after a loss (p. 218). These factors uniquely and interactionally shape the grieving processes of bereaved persons along with contextual factors such as culture and gender.

Grief responses look different across developmental ages and stages and are closely linked to the degree of cognitive ability to understand the finality of death (Balk & Corr, 2009; Leming & Dickinson, 2011; Servaty-Seib, 2009; The National Child Traumatic Stress Network, 2011; Wendt Center for Healing and Loss, 2011; see Table 2 for grief responses from infancy to adulthood). Grief can be experienced and expressed emotionally, physically, psychologically, behaviorally, socially, and spiritually (Corr et al., 2009; see Table 3 for descriptions). Emotional reactions to grief are the most commonly recognized and can include a range of feelings that may ebb and flow over time and throughout the grief recovery process. However, grief responses can also manifest themselves physically, with bereaved persons experiencing somatic complaints such as fatigue, muscle aches, headaches, etc. (Corr et al., 2009). Grief can also permeate cognition resulting in preoccupation with the deceased, dreams about the deceased, and possibly disbelief or confusion about the death of a loved one as the mind works to construct meaning about the loss (Corr et al., 2009).

Table 2

*Developmental Understandings of Death and Grief Responses*

Age	Cognitive Understanding of Death	Grief Response
Preschool and Young Children	<ul style="list-style-type: none"> <li>• Do not understand that death is final.</li> <li>• May think that they will see the person again or that the person can come back to life.</li> <li>• May think it was their fault that the person died.</li> </ul>	<ul style="list-style-type: none"> <li>• May become upset when their routines change.</li> <li>• May get worried or fussy when apart from their usual caregivers and may be clingy and want extra attention.</li> <li>• May express fears, sadness, and confusion by having nightmares or tantrums, being withdrawn, or regressing to earlier behaviors.</li> </ul>
School Age Children	<ul style="list-style-type: none"> <li>• Gradually gain more mature understanding of death.</li> <li>• Begin to realize that death is final and that people do not come back to life.</li> <li>• May have scary beliefs about death, like believing in the “boogey man” who comes for the person.</li> </ul>	<ul style="list-style-type: none"> <li>• May ask lots of questions about how the person died and about what death means.</li> <li>• May display distress and sadness in ways that are not always clear, like being irritable and easily angered.</li> <li>• May avoid spending time with others.</li> <li>• May have physical complaints (headaches, stomachaches)</li> <li>• May have trouble sleeping.</li> <li>• May have problems at school.</li> <li>• May have no reaction at all.</li> <li>• May dream of events related to the death.</li> <li>• May want to call home during the school day.</li> <li>• May reject old friends and seek new friends who have experienced a similar loss.</li> </ul>
Teens	<ul style="list-style-type: none"> <li>• Have a full adult understanding of death.</li> </ul>	<ul style="list-style-type: none"> <li>• May have similar grief reactions to those of school-age children when at home, with friends, and at school.</li> <li>• May withdraw, become sad, or lose interest in activities.</li> <li>• May act out, have trouble in school, or engage in risky behavior.</li> <li>• May feel guilt and shame related to the death.</li> </ul>

		<ul style="list-style-type: none"> <li>• May worry about the future.</li> <li>• May hide their true feelings.</li> </ul>
Young Adults	<ul style="list-style-type: none"> <li>• Have a full adult understanding of death.</li> </ul>	<ul style="list-style-type: none"> <li>• May have role confusion as they take on death-related responsibilities in the family or peer group (e.g. planning funerals).</li> <li>• May struggle to maintain efforts in school or work.</li> <li>• May experience the full range of grief responses (cognitive, emotional, behavioral, physical, spiritual)</li> <li>• May experience depression.</li> </ul>
Adults	<ul style="list-style-type: none"> <li>• Have a full adult understanding of death.</li> </ul>	<ul style="list-style-type: none"> <li>• May have role confusion/strain as parents, partners, or peers die.</li> <li>• May experience the full range of grief responses (cognitive, emotional, behavioral, physical, spiritual)</li> <li>• May develop a fear of inactivity and meaninglessness</li> <li>• May experience the impacts of grief in multiple spheres of life (e.g. work, home, social relationships, community, etc.)</li> </ul>

Adapted from The National Traumatic Stress Network, 2011 and Wendt Center for Loss and Healing, 2011

Table 3

*Grief Responses*

Grief Response Category	Description
Emotional	Sadness, anger, guilt and self-reproach, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, numbness, or a sense of depersonalization
Physical	Hollowness in stomach, lump in throat, tightness in the chest, aching arms, oversensitivity to noise, shortness of breath, lack of energy, muscle weakness, dry mouth, loss of coordination
Psychological (thoughts or cognitions)	Disbelief, confusion, preoccupation, a sense of the presence of the deceased, paranormal “hallucinatory” experiences, dreams of the deceased
Behavioral	Sleep or appetite disturbances, absentmindedness, social withdrawal, loss of interest in activities that previously were sources of satisfaction, crying, avoiding reminders of the deceased, searching and calling out, sighing, restless overactivity, or visiting places and cherishing objects that remind one of the deceased
Social	Difficulties in interpersonal relationships or problems functioning within an organization
Spiritual	Searching for a sense of meaning, hostility toward God or a higher power, turning to one’s value framework, or perhaps realizing that it is inadequate to cope with this particular loss

Behavioral expressions of grief include a range of experiences such as crying, changes in sleep or appetite, and avoiding/clinging to people, places, or things that are reminders of the deceased (Corr et al., 2009). Social relationships also feel the impact of the loss with bereaved persons often experiencing difficulties in work or interpersonal relationships following a loss as bereaved persons become withdrawn or disengage from social activities (Corr et al., 2009). This may be particularly true for homicide survivors



as they often experience a heightened sense of distrust following the traumatic loss of a loved one (Hertz et al., 2005). Finally, the grief literature notes spiritual grief responses which can include seeking comfort in one's relationship with God or a higher power, praying, searching for meaning in the loss through one's religion or value system, or even frustration or hostility with God or a higher power for allowing the death of their loved one (Corr et al., 2009).

***Theories of grief and mourning.*** Researchers and clinicians have worked to understand the process of grief. This work has produced several stage (Kessler & Kübler-Ross, 2005; Kübler-Ross, 1969), phase (Parkes, 1996; Rando, 1993), and task-based (Worden, 2002) theories of mourning. Mourning is conceptualized as the “essential process for those who are trying to cope with loss and grief, one that is equally important in helping such persons find a way to go forward with healthful living and adapt to the new world in which they find themselves” (Corr et al., 2009, p. 220). It is thought to include both intra (individual, private, internal) and interpersonal (social, outward, expressive) processes (Corr et al., 2009; Neimeyer, 2001).

Early theories of mourning (Kübler-Ross, 1969) outlined stages (denial, anger, bargaining, depression, acceptance) through which bereaved persons worked through grief. These theories were criticized for their seeming rigidity and attempts to universalize the process of mourning. Later models (Parkes, 1996) attempted to increase flexibility in the mourning processes by introducing broad phases (shock and numbness; yearning and searching; disorganization and despair; reorganization) of mourning that bereaved persons were theorized to experience. However, this phase-based theory received criticism for being too broad and inappropriate to apply to all bereaved persons

(Corr et al., 2009). Similar to Kübler-Ross' stage-based model, Parkes' phase-based model was also criticized for its seemingly linear interpretation of the grief process (Corr et al., 2009).

More recent theories (Worden, 2002) have proposed task-based theories of mourning that view mourning as an active process to cope with grief and loss. Worden's four tasks of mourning include: 1) accept the reality of the loss; 2) work through the pain of grief; 3) adjust to an environment in which the deceased is missing; and 4) emotionally relocate the deceased and move on with life (Corr et al., 2009). The first task involves internal acceptance (e.g. thoughts and psyche) of the outward reality that a loved one is dead. The second task involves finding healthy ways to experience the pain of the loss instead of avoiding this pain or making it through negative coping (e.g. substance abuse) (Corr et al., 2009). The third task describes a bereaved person's attempts to acknowledge all of the roles and contributions the deceased person added to his life, and finding ways to adjust without the deceased's provision. The fourth and final task involves rituals used to honor the deceased and develop a new emotional connection based on memory and symbolism. Worden's theory states that bereaved persons may not move through these tasks in a prescribed order (Corr et al., 2009), thus moving away from rigid theoretical frameworks of grief toward a more balanced approach that includes both universal tasks while allowing for individual processes through which these tasks are achieved.

Inherent in any of these models is the survivor's attempt to make or reconstruct meaning around the loss (Armour, 2003; Davis, 2000; Neimeyer, 2000; Ribbens McCarthy, 2009). Although definitions of meaning vary throughout the grief literature, most consider the meaning-making process to involve the individuals' attempts to

cognitively and emotionally explain and accept the loss (Davis, 2000). Researchers examining the meaning-making process among bereaved persons generally find two unique yet overlapping themes: 1) making sense of loss, and 2) finding benefits (Calhoun & Tedeschi, 2000; Davis, 2000; Ribbens McCarthy, 2009).

Making sense of loss describes the process through which a bereaved individual works to find purpose in the death of their loved one (Davis, 2000; Ribbens McCarthy, 2009). In a study of surviving caregivers, Davis, Nolen-Hoeksema, and Larson (1998) found that six months post-loss, most respondents who reporting making some sense of the death indicated that:

(a) the death had been predictable in some way (e.g. as a logical consequence to some set of behaviors or factors in the deceased person's life), (b) it was consistent with the caregiver's perspectives on life, or (c) religious or spiritual (afterlife) beliefs provided meaning (see Davis, 2001, p. 144).

However, not all caregivers in this study progressed to a cognitive and emotional place of making sense of the loss. Davis et al. (1998) found the caregivers who were least likely to progress toward making sense of the loss were those who experienced the death as unfair, unjust, or random.

The same study by Davis and colleagues (1998) also uncovered a second construal of meaning-making: finding benefits. Finding benefits involved bereaved participants' attempts to uncover the positives that followed the loss of a loved one. Interviews with participants revealed three subthemes about the loss: (a) [it] led to a growth in character; (b) a gain in perspective; and, (c) a strengthening of relationships (see Davis, 2000, p. 145). Consistently noted across studies of death and loss, these

themes demonstrate the ability of bereaved persons to be resilient, to grow, and to experience transformation in the face of loss and adversity (Davis, 2000). Growth in character and broadening perspective are what Calhoun and Tedeschi (2000) describe as perceiving oneself as stronger and more capable after experiencing and recovering from a loss. It involves a shift in self-perception and often includes an increased sense of vulnerability to death, which can serve as a turning point or “corrective device” (Calhoun & Tedeschi, 2000, p. 159) to exterminate or reduce risky behaviors (e.g. violence).

In their research on posttraumatic growth (the ability for individuals experience positive growth and transformation following a trauma), Calhoun & Tedeschi (2000) report increased closeness, self-disclosure, and ability for emotional expression among persons who experienced loss. However, they do note that this is not a universal experience for persons recovering from trauma and loss. Persons who have experienced the traumatic loss of a loved one to homicide may become increasingly distrustful, as their assumptions of the world and of their safety may be further disrupted by the murder of a loved one (Davis, 2000; McCarthy, 2009). However, these studies highlight context as central to understanding the meaning constructed following the loss of a loved one and the grief process, particularly for young people (McCarthy, 2009).

***Types of grief.*** The nature of the death (e.g. homicide), the nature of the relationship (e.g. perceived closeness) with the decedent, and the response of the larger community in which the loss occurred, interact to shape the grief processes and experiences of survivors. Consequently, researchers and theorists have identified several types of grief including anticipatory grief, traumatic grief, prolonged or complicated

grief, and disenfranchised grief. The later three are most connected with this dissertation and will be discussed.

**Traumatic grief.** Traumatic grief is defined as a contextually-specific type of grief that “focuses on the traumatic circumstances surrounding a death and the interference of the resulting traumatic stress reactions (or grief-related reminders of traumatic circumstances) on adaptive grieving processes” (Nader & Layne, 2009, p. 14). Traumatic grief most commonly follows a traumatic loss (e.g. sudden, violent, threatens the safety of the survivor, etc.), and commonly occurs when the death is perceived as senseless or preventable as is often the case with homicide among young, Black men. Persons who have experienced a traumatic loss may experience trauma responses including hyperarousal, avoidance, and re-experiencing symptoms (see Table 3). Grieving a loved one can be an overwhelming experience to manage itself; when paired with trauma responses, bereaved persons can experience additional mental health consequences such as PTSD, depression, anxiety, and suicidality (Amick-McMullen et al., 1991; Balk & Corr, 2009; Prigerson, Vanderweker, & Maciejewski, 2008; Zinzow et al., 2009). Consequently, these trauma responses can complicate homicide survivors’ ability to grieve well.

**Prolonged or complicated grief.** Prolonged grief, alternately referred to as complicated grief, refers to the intensity and duration of the grieving process and its impacts on daily functioning. Persons who experience prolonged or complicated grief may exhibit reactions in one or more of the following categories (Corr et al., 2009): 1) chronic grief reactions—prolonged sense of bereavement that a person cannot move past; 2) delayed grief reactions—grief at the time of a loss may be inhibited or postponed, but

surface later when triggered are perceived as inappropriate or excessive; 3) exaggerated grief reactions—maladaptive symptoms that lead to physical, psychiatric, or behavioral problems; and, 4) masked grief reactions—unexpressed or unacknowledged issues related to the loss impair functioning and health but are not connected back to grief and loss.

The hallmarks of prolonged or complicated grief are the intensity and the duration of the grief process. Mourners often feel they are stuck in their grief (Corr et al., 2009). They frequently spend time ruminating about the decedent, the circumstances of the death, and may feel intense regret or guilt as survivors (Prigerson et al., 2008). They have difficulty finding meaning in the loss, adapting to the reality of life without the deceased, and wish desperately for life to return to how it was before their loved one died (Prigerson et al., 2008). They may also have a sense of hopelessness and may feel that “a part of themselves died along with the deceased loved one, that they are “hollow” and that their sense of identity is confused or lost without the deceased person” (Prigerson et al., 2008, p. 171).

Researchers studying prolonged grief have developed measures to capture this experience such as the *Inventory of Complicated Grief* (ICG-R; Prigerson & Jacobs, 2001) and research in this area are advocating for the inclusion of Prolonged Grief Disorder (PGD) in the next DSM (Corr et al., 2009; Laurie & Neimeyer, 2008). Although often co-occurring with PTSD and Major Depressive Disorder (MDD), PGD has been empirically established as distinctive from these disorders. According to Prigerson et al. (2008), a diagnosis of PGD would be applied to persons meeting the following criteria:

**Criteria A** (Bereavement): Loss of a significant other

**Criteria B** (Separation Distress): The bereaved person must experience at least one of the following daily or to an intense or disruptive degree—(a) intrusive thoughts related to the deceased, (b) intense pangs of separation distress, or (c) distressingly strong yearnings for that which was lost.

**Criteria C** (Cognitive, Emotional, and Behavioral Symptoms): Five of the following nine symptoms daily or to an intense or disruptive degree—(a) confusion about one's role in life or a diminished sense of self (e.g. feeling like a part of oneself has died); (b) difficulty accepting the loss; (c) avoidance of reminders of the reality of the loss; (d) an inability to trust others since the loss; (e) bitterness or anger related to the loss; (f) difficulty moving on with life (e.g. making new friends, pursuing interests); (g) numbness (absence of emotion) since the loss; (h) feeling that life is unfulfilling, empty, and meaningless since the loss; and, (i) feeling stunned, dazed or shocked by the loss.

**Criteria D** (Duration): Duration of at least 6 months from the onset of the separation distress and cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Risk factors for experiencing prolonged grief include a sudden death, close kinship relationships to the deceased, and childhood history trauma among others (Prigerson et al., 2008).

A few recent studies have specifically examined prolonged or complicated grief among African Americans (Laurie & Neimeyer, 2008; Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008). In their multivariate analysis, Goldsmith et al. (2000) assessed for PGD among a sample of bereaved White and African American participants. Participants ranged in age from 20-91 years ( $M=61$ ), were largely female, middle-income, and the majority were family members (spouse, parent, or child). Comparative analysis revealed that African American participants were 2.5 times as likely to develop prolonged grief disorder than White participants, indicating a greater risk for PGD among African Americans. The traumatic or sudden loss of a loved one predicted the risk for PGD above and beyond race.

Consistent findings emerged in a study of bereavement among college students. In an investigation of grief in African American and White college students aged 18-60

years ( $M = 20.8$ ,  $SD = 4.73$ ), African American students reported a likelihood of poorest grief outcomes. The African American students in this sample were also more likely to experience the traumatic loss of a loved one, highlighting the increased risk of PGD among persons who have experienced a traumatic loss. Given this, these studies also highlight the increased risk for prolonged grief disorder among Black youth and young adults in low-income areas who face an elevated risk of experiencing a traumatic loss as a consequence of community violence (Leming & Dickinson, 2011). However, research has yet to specifically examine prolonged grief among Black youth, African Americans living in economically disadvantaged communities, or surviving peers of homicide victims. We also know very little about how prolonged grief varies by gender.

***Disenfranchised grief.*** As described by Doka (1989), disenfranchised grief is defined as “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (p. 4 as cited in Balk & Corr, 2009). Disenfranchised grievers are typically unacknowledged as persons who have the right to mourn a death, fully and openly participate in end of life rituals such as funerals, repasts, and visiting the next of kin, and who are not extended the same supports or coping resources as immediate family members of the deceased (Doka, 2008). According to Doka (2008), there are several types of disenfranchised grief. The categories of disenfranchised grief that are most closely related to homicide survivorship among low-income, young, Black men include: 1) the circumstances of the death; 2) the relationship is not recognized; 3) the griever is excluded; 4) the ways an individual grieves (Doka, 2008, p. 229-233).



***Circumstances of the death.*** The circumstance of the traumatic loss is the most commonly recognized contributor to disenfranchised grief among homicide survivors (Balk & Corr, 2009; Doka, 2008; Miller, 2010a). Homicide deaths are criminal acts and often stigmatized. Among low-income, young, Black men, community members and systems personnel (medical, school, law enforcement, clergy, etc.) often inaccurately assume that the homicide death resulted from some illicit or immoral behavior of the victim (Sharpe, 2008). Therefore, the degree and duration of support provided to the surviving family and friends of the victim may be reduced (Miller, 2010a; Sharpe, 2008; Walker, 2009).

Family members and friends may also face scrutiny and judgment from outsiders and may be inappropriately labeled responsible for the death of their loved one or may also be associated with criminal involvement (Miller, 2010a). Further, the media's portrayal of the murder may discount the dignity of the decedent and his network of survivors (Miller, 2010a). The criminal justice system may also lack sensitivity to the family's bereavement during the investigation (Miller, 2010a). All of these elements distract from the sacredness of the loss of life and the right of the surviving loved ones to mourn the death (Doka, 2008). This process within the community is a mirror of a larger macro-level process wherein society often overlooks or critically evaluates the violent deaths of low-income, young, Black, men; improperly placing full blame and responsibility on the victims and the community for this health disparity.

***Unacknowledged relationship.*** Peers are often an overlooked or unacknowledged group of mourners (Balk & Corr, 2009). When someone dies, societal norms prescribe that comfort, attention, and resources be directed toward the next of kin and immediate

family (Corr et al., 2009). Consequently, peers are often disenfranchised as their grief is often minimized, muted, or misunderstood by others (Hooyman & Kramer, 2006; Servaty-Seib, 2009). Peers, therefore, often struggle to know how to appropriately express their grief and what role they can play in honoring the life of their deceased friend (Servaty-Seib, 2009). Black families tend to have larger extended family and kin networks that include and honor relationships with fictive or non-biological kin (Sharpe, 2008; Stack, 1974). A study that included 641 African American college students revealed that African American students were more likely than White college students to experience the death of an extended family member, and grieved these losses more than White students in the sample (Laurie & Neimeyer, 2008).

Although results of this study report that African Americans felt supported, they reported talking about the loss less than White students and reported higher rates of complicated grief (Laurie & Neimeyer, 2008). They were also more likely to experience the homicide of a loved one. While this study demonstrates the emotional impact of losing a close family friend for African American young adults, it does not reveal what type of support was provided to these young adults as fictive kin. Further, it does not provide specific reports of the type of relationship with the extended family member. In African American families, close family friends often describe persons who assume the role of “auntie, uncle, grandparent, cousin, or even an other mother/father.” Consequently, we are unable to discern differences in grief and support based on social relationship (e.g. same-aged peer versus older adult attachment figure). Additional research is needed to understand these relationships.

*Exclusion and expression of grief.* The exclusion category refers to “situations in which the characteristics of the bereaved in effect disenfranchise their grief” (Doka, 2008, p. 232). As it relates to the experience of homicide survivorship among young men, age/developmental stage and gender/masculinity scripts are factors that contribute to the disenfranchisement of grief among this group. A central developmental task of adolescence and the transition to adulthood is achieving emotional independence from parents (Malone, 2007). Adolescents and young adults may present façades of composure in the wake of grief when internally they are experiencing emotional turmoil (McCarthy, 2007). Consequently, adults may perceive adolescents as unaffected or having achieved emotional closure. This belief can lead to the withdrawal or withholding of support or resources from adolescent or young adult mourners.

Masculine scripts for how young men should and should not express emotion compound the risk of this form of disenfranchisement among adolescent and young adult males. Gender socialization messages that “boys/men don’t cry” restrict the freedom of young men to grieve the death of a peer publically (Lund, 2001; Thompson, 2000). However, the expectation after a loved one dies is that public displays of emotional grief responses will occur (Doka, 2008). Consequently, alternate expressions of grief following a loss (e.g. instrumental—deep thought, physical action or behavior) may not be recognized or validated because the affective response to grief is expected (Doka, 2008; Doka & Martin, 2000), disenfranchising young men’s grief processes and experiences. Taken together, these factors present unique challenges to the grief experiences of low-income, young, Black male homicide survivors.

## **Homicide Survivorship**

*Conceptualizations.* Homicide survivors are commonly defined as the surviving friends and family members of murdered persons (Hertz, Prothrow-Stith, & Chery, 2005; Miller, 2009a; Miller, 2009b; Zinzow et al., 2009). Surviving family and friends of the deceased are considered to be the second victims in situations of homicide, the first being the murdered individual (Hertz et al., 2005). Hertz et al. (2005) note the experience of homicide survivorship is prevalent in society; however, exactly how many homicide survivors exists is difficult to pinpoint because the majority of U. S. data focuses on the numbers of murdered and direct victims. It is estimated that homicide victims are survived by at least 7-10 close relatives (Redmond, 1989)—not including friends, classmates/colleagues, or community members. This number is likely to be larger for Black victims because of the centrality of extended kin networks for African Americans.

Research has also considered a broader definition of homicide survivorship to include the neighborhood, workplace, school, church or other wider system affected by the homicide of one of its members (Amick-McMullen et al., 1991). However, these wider systems have rarely been examined empirically. In this view, homicide survivorship is part of the collective memory and history of the African American community (Eyerman, 2001). As mentioned in my earlier discussion of cultural trauma theory, an inherent thread of trauma is woven throughout the historic tapestry of African Americans in the United States (Eyerman, 2001). Tightly bound together with the traumatic experiences of slavery, Jim Crow and enduring racism and discrimination are the experiences of traumatic loss resulting from the killing of countless Blacks during

slavery, the lynching of thousands of Blacks, largely males, during the Reconstruction and Jim Crow eras, and police victimizations of contemporary America.

These experiences of traumatic loss reverberate in the cultural psyche of Black Americans, with painful memories triggered by personal and public encounters with prejudice in the present (Sharpe, 2008). The recent killing of James Craig Anderson, a Black man beaten and run over by a truck driven by White teens in Mississippi in August 2011, adds to the collective experience homicide survivorship among African Americans. Today, structural violence perpetuates the legacy of social inequality, particularly among low-income African Americans, and undergirds violence in low-income areas. However, little research has worked to understand the experiences of African Americans as homicide survivors (Sharpe, 2008). Hardly any have specifically examined the experience of homicide survivorship among young Black men resulting from community violence.

*Psychological and behavioral responses of homicide survivors.* To date, the majority of research on homicide survivorship has been examined with largely White and middle-income surviving family members of homicide victims. Clinicians and researchers working with surviving family members of homicide victims note intense and prolonged emotionality in relation to the loss of their loved one and toward the victimizer (Miller, 2009a; Quinsenberry, 2009). Intense anger and rage were commonly reported among surviving family members. Miller (2009a; 2009b), a clinician working with homicide survivors observed that family members' level of perceived intentionality of the victimizer also affected members' mental health, with greater distress noted in family members who had higher perceived intentionality and maliciousness (Miller, 2009a).

Prolonged psychological rumination on the lost loved one and who that person might have become if not murdered was also described among surviving family members (Quinsenberry, 2009).

In a recent national study done on homicide survivorship, although African Americans represented only 13% of the total sample, they reported the greatest likelihood of having a loved one murdered than any other racial-ethnic group surveyed. However, they were among the least likely to report depressive symptoms. This paradoxical finding parallels results from some of the exposure to violence researching noting lower reports of depression and traumatic symptoms in Black youth (Fitzpatrick, 1993). Zinzow et al. (2009) attributed this finding to potential sources of social support such as family networks and faith that are commonly utilized among these racial-ethnic groups that may help them to cope with the homicide of a loved one.

These findings raise questions about the coping processes and resources utilized Black homicide survivors. In one of the only empirical studies exploring homicide survivorship among African American homicide survivors, Sharpe (2008) specifically explored sources of support for family members of homicide victims. This qualitative study conducted in-depth interviews with 5 surviving family members (2 siblings, 2 children, and 1 spouse), two of whom were male. Participants were asked to discuss sources of support utilized after the murder of their loved one. Results indicated that participants used a variety of informal and formal social supports as they recovered from the death of their loved one. Informal supports highlighted the turning to extended kin networks for support, particularly in the immediate days following the loss of a loved one. For some participants it became more evident as time elapsed that formal support

was also needed to help cope and recover from the murder of a loved one. However, distrust of the mental health system kept many Black homicide survivors from utilizing these formal supports. When used, formal mental health providers were typically sought through Black religious and social institutions (e.g. HBCUs, community centers, etc.). Recommendations for culturally competent providers who were educated about and sensitive to both the dually marginalized experiences of Blacks in America as racial minorities and homicide survivors were presented.

Yet, other studies exploring grief and bereavement among African Americans suggest that despite perceiving themselves as supported by social networks, African Americans faced a greater likelihood of experiencing of complicated grief and developing prolonged grief disorder (Laurie & Neimeyer, 2008; Goldsmith et al., 2008). In a study of bereavement among African American and White college students, African American students spent less time talking about their grief with others compared to White students (Laurie & Neimeyer, 2008). They were also more likely to be homicide survivors. These findings suggest that although external support may be extended following a loss, Black mourners may still have a highly internalized and private grief process that is not shared with others.

Most recently, McDevitt-Murphy, Neimeyer, Burke, Williams, and Lawson (2011), examined the toll of traumatic loss on African Americans bereaved by homicide. In this study, 54 African American homicide survivors (age:  $M = 48.61$ ,  $SD = 12.46$ ) who experienced the homicide of a loved one in the past five years were screened for complicated grief, depression, and PTSD. Results indicated that 18.5% of the sample met criteria for PTSD, 54% met the criteria for at least mild depression, and 54.5% met the

criteria for complicated grief (McDevitt-Murphy et al., 2011). There was also a high rate of co-occurrence across mental health issues. Analyses uncovered statistically significant differences in depression and PTSD between homicide survivors who were within two years of the traumatic loss and those who were more than two years post the traumatic loss. However, no significant differences between these groups were found for complicated grief—participants in late bereavement were equally as likely to report complicated grief. A significant difference did emerge in the development of complicated grief by income. Low-income participants were more likely to report more complicated symptoms; this relationship did not hold for PTSD or depression (McDevitt-Murphy et al., 2011).

Earlier research on homicide survivorship found that homicide survivors reported experiences of PTSD symptomatology (Hertz et al., 2005). A key study by Amick-McMullen, et al. (1991) indicated that although only 6% of participating homicide survivors witnessed the death of their loved one, 19% reported PTSD symptoms. The trauma of being a homicide survivor was further supported in Zinzow et al.'s (2009) recent study of the impacts of homicide survivorship on mental health among young adults in the United States. Results indicated that homicide survivors were almost twice as likely than young adults that did not experience the murder of a loved one to report posttraumatic stress disorder, major depressive episode, and drug use/dependence in the past year. Unlike previous studies that only examined the experiences of close family members of homicide victims, Zinzow et al. (2009) also examined the experiences of survivors whose peers were killed. No significant differences were found in the mental



health outcomes of those who lost family compared to those who lost friends. This highlights the impact of peer death on young adult, homicide survivors.

*Peers as homicide survivors.* Yet, less is known about the numbers and experiences of surviving peers, perhaps reflecting whom society acknowledges and validates as grievers (Doka, 2008). The failure to empirically explore the impact of homicide on surviving peers may be a huge oversight in the literature, particularly among youth and young adults. Results from an empirical study exploring loss, trauma exposure, and mental health, indicated that unlike results associated with the death of a family member, peer death was significantly associated with depression, symptomatology of posttraumatic stress disorder, and substance use/dependence among 12-17 year olds (Rheingold et al., 2004). The authors attributed this finding to the developmental importance of peers for youth and the trauma surrounding the *off-time* death of a young person.

The peer group serves a critical function during the developmental periods of adolescence and young adulthood. As youth and young adults work to separate from their parents, the peer group gains importance and influence in the lives of young people (Balk & Corr, 2009). Peer groups also serve a key function in identity formation as young people individuate from their families of origin (Malone, 2007). Peers offer youth and young adults both acceptance and criticism that contribute to identity construction (Servaty-Seib, 2009; Malone, 2007). The peer group also provides a space where young people discuss their life plans and who they see themselves becoming in the future. Consequently, the *off-time* death of a peer can be a traumatic loss for young people (Podell, 1989).

This may be especially true for young, Black, males as the peer group is often a key resource, providing a pivotal means of earning respect within the group and in the broader community and serving as an agent of socialization to manhood and masculine identities, especially for young men growing up apart from fathers (Anderson, 1999; Majors & Billson, 1992; Real, 1997). Yet limited research has explored the implications of homicide survivorship among adolescents and young adults (Corr et al., 2009; Hertz et al., 2005, Podell, 1989, Servaty-Seib, 2009; Zinzow et al., 2009). Hertz et al.'s (2005) review of the literature on homicide survivorship noted that very limited empirical studies had examined homicide survivorship among adolescents. The majority of studies on homicide survivorship have explored this experience among adults—largely White, middle-aged, middle-income, and female. Limited research has worked to understand experiences of peer homicide among Black youth (Malone, 2007; Johnson, 2007) and to my knowledge, no empirical studies have specifically examined homicide survivorship among young Black men—a population that is disproportionately affected by homicide (CDC, 2010).

A few recent studies have examined the experience of peer homicide among Black teenaged girls (Johnson, 2008; Malone, 2007). In a qualitative study with 21 African American girls aged 16-19 from low-income urban communities, interviews revealed three main categories: mourning, coping, and psychological consequences (Johnson, 2007). Following the homicide of a peer, teen girls reported their mourning to include shock, sadness, anger and desire for revenge, withdrawal and avoidance, and traumatic grief symptoms (e.g. intrusive thoughts). Teen girls reported several coping strategies: 1) private, 2) public, and 3) contextual supports. Private strategies included

taking time to be alone and prayer. Public strategies included contributing to street memorials, wearing memorial t-shirts, and participating in vigils, memorials, or funerals. However, some teenaged girls reported choosing not to attend public ceremonies for fear they might lose their composure and break down.

Various contextual supports from school personnel (e.g. therapeutic art projects), neighbors (e.g. cards, words of condolence, gentle touches), and peer group (e.g. showing up for memorial services) were described as invaluable (Johnson, 2007). Lastly, the teenaged girls reported various psychological consequences of losing a peer to homicide including loss, depression, distrust, fear, caution, and disappointment that community members would not speak up and share information that could help police arrest the person responsible for the murder. Recommendations for future research included exploring grief, loss, and survivorship among adjudicated youth whose behavioral infractions may be connected to the traumatic loss of a peer to homicide. In particular, Johnson (2007) recommended investigating the unique experiences of Black, male, teenage homicide survivors.

***Culture, context, & homicide survivorship.*** Being Black, low-income, and male present unique cultural and contextual factors that shape the experience of homicide survivorship. Salient in the cultural narratives of Blacks in America are experiences of racism, discrimination, and marginalization. The persistence of racism in the United States has produced a host of disparities in health, education, employment, housing, and the criminal justice system, among others (LaVeist, 2005). These experiences are more likely for low-income Blacks whose communities often suffer multiple and chronic structural deficits. For low-income, Blacks in America, these persistent inequities send a

clear message that they are not valued by the larger society. For example, growing up in an economically-disadvantaged community where schools do not have sufficient resources, teachers are strained, violence is pervasive, and the school building is in need of repair all engender feelings of invisibility and even low-esteem. This may be particularly true for Black males as they are more frequently targets of racism, discrimination, and economic disadvantage—striking an interesting juxtaposition between invisibility and targeting by the larger society (e.g. police).

African Americans have historically demonstrated incredible resilience in the face of economic and social hardship. Some of the strengths most frequently noted among African Americans include, mental fortitude (e.g. turning inward to process pain), faith, and social support. Sharpe (2008) found that African American surviving family members of homicide victims utilized most of these strategies over the course of their grief recovery process. However, the literature largely fails to explore how the traumatic nature of loss can disrupt the coping mechanisms that promote resilience among African Americans.

Black homicide survivors may struggle to find meaning in the murder of their loved one. The propensity to turn inward to cope may make Black mourners more susceptible to psychological rumination, rehearsal, or re-experiencing the traumatic loss of a loved one in an effort to make sense of why a loved one was killed. They may become angry with God, questioning God as to why their loved one was killed. They may also pull back from religious engagement. Due to elevated distrust following the homicide of a loved one, Black homicide survivors may also distance themselves from

family, peer, and community networks as uncertainty about who was involved in the death of their loved prompts social distancing (Hertz et al., 2005; Miller, 2010a).

Further, expectations of Black strength in the face of adversity can also work against the ability of Black homicide survivors to grieve well (Boyd-Franklin, 2003). Implicit and explicit expectations to “be strong” for oneself and for a larger family network can restrict the expression of emotion, inhibit Black mourners from honestly revealing internal turmoil, and discourage Black homicide survivors from reaching out for help and support during the grief recovery process. This may be especially true months out from the homicide, as dialogue about the loss among African Americans tends to suspend shortly following funeral rituals (Hines, 1991). Stigma about the cause of death and ongoing police investigations compound this experience, further restricting the grief process of Black homicide survivors. Consequently, the experience of homicide survivorship can be isolating for homicide survivors and can place them at risk for developing prolonged grief disorder.

***Masculinity and homicide survivorship.*** For young, low-income, Black, male homicide survivors, cultural expectations surrounding grief interact with both societal and community prescriptions and proscriptions of masculine behavior to shape how young, Black men respond to the traumatic loss of a peer. In his critical analysis of gender and trauma, Meija (2007) describes masculinity as an “ideology, a powerfully held set of beliefs [that] men are forced, oftentimes traumatically but not always so, to internalize the ideology until they experience it as an intrinsic part of their being—indeed, often the very core of their personal identity” (p. 31). Central to this ideology are the beliefs that men ought to display “toughness, fearlessness, and the denial of

vulnerability” (p.31) which are often reflected in gender socialization messages including “boys/men don’t cry,” and “man up.”

As described by Meija (2007) over their life course, young males are shamed into these masculine scripts by adults and eventually by peers who too have received these socialization messages. Young boys are made to feel ashamed of their feelings, with the exception of anger, until they manage or suppress their emotions enough to have their outward displays of emotionality line up with societal prescriptions and proscriptions for masculine behavior. Across the life course, outward expressions of emotional vulnerability may risk the violation of masculine norms and threaten public and private masculine identities (Real, 1997), particularly for low-income, young Black men for whom the consequences of threats to masculine identity are higher (Anderson, 1999; Hall & Pizarro, 2011; Hunter & Davis, 1994; Roy & Dyson, 2010).

For adolescent and young adult Black males, the ability to achieve a masculine identity is a critical task of both development and survival in the inner city (Anderson, 1999; Hall & Pizarro, 2011; Majors & Billson, 1992). Black men in the inner city face unique challenges to achieving a masculine identity. In the absence of secure traditional pathways to higher education and quality employment, some Black men may work to establish and present a *cool pose*. Majors and Billson (1992) describe cool pose as:

The presentation of self many Black males use to establish their male identity. Cool pose is a ritualized form of masculinity that entails behaviors, scripts, physical posturing, impression management, and carefully crafted performances that deliver a single critical message: pride, strength, and control (p. 4).

By masking internal pain, worry, hurt, and turmoil connected with economic marginalization, social inequities, and racial discrimination, cool pose provides a way for some Black men to achieve masculine identities even in the face of unequal opportunity structures, chronic stress, and adversity (Roy & Dyson, 2010; Majors & Billson, 1992).

Hegemonic prescriptions and proscriptions of masculinity along with cultural expectations of strength in hardship present unique challenges for young, Black, male homicide survivors. Societal scripts of masculinity are not exempt in bereavement. However, intense emotional reactions to a traumatic loss can create threats to masculinity as young men wrestle to maintain façades of composure, cool pose, even while emotionally raw inside. This may especially be the case for adolescent and young adult, Black men who are still working to complete the developmental task of identity formation, which includes a masculine identity. When a peer dies, young men may feel even more pressure to put forward a façade of coolness in the face of grief as to maintain his masculine identity among his peer groups.

Further, masculine ideologies of toughness and lack of vulnerability can shame young men from reaching out for help following a homicide (Meija, 2007). Consequently, young men may spend more time cognitively processing the death of a peer, making them increasingly vulnerable to intrusive traumatic grief symptoms (e.g. nightmares). Alternatively, young men may express suppressed emotions through anger and aggression—a socially acceptable emotional presentation among males. According to Meija (2007), “male survivors of trauma are more likely than women to externalize their pain and, in the process, to perpetrate interpersonal violence and continue the tragic cycle of pain” (p. 32). This presents critical implications for the health and well-being of young

men. Engagement in violent behavior can jeopardize the physical safety of young men, their psychological well being, and place them at risk for incarceration. This research is poised to study how these risks pose threats to successful transitions to adulthood for low-income, young, Black male, homicide survivors, risks that make this developmental transition even more precarious for these low-income youth.

**Summary.** Although each homicide of a young, Black male creates an experience of loss for surviving friends and family members, limited research has explored the experience of homicide survivorship generally, and no research has looked at the experience of homicide survivorship among low-income, young, Black men specifically. Homicide survivors experience a unique kind of loss called traumatic loss. Traumatic losses are distinguished by their sudden and/or violent nature and pose threats to the ability to grieve well. Specifically, the traumatic losses often trigger trauma responses (e.g. hyperarousal, avoidance, and re-experiencing symptoms) that are experienced by the bereaved in addition to normative grief responses. This can lead to prolonged or complicated grief experiences for young, Black males.

Although there are similarities in grief processes among people, grief responses are highly individualized and look different across age and developmental stage. Age, culture, masculinity, and class all contribute to how young, Black, male homicide survivors in low-income communities respond to and recover from the violent death of their peers. Yet, despite the prevalence of homicide among low-income, young, Black men in the United States, researchers have overlooked this population of mourners, disenfranchising the grief experiences of this group. This offers a rich understanding of the experience of homicide survivorship among young Black men by uncovering the



context, process, and meaning surrounding the death of a peer in low-income, urban communities.

### **Transition to Adulthood**

In this section, I present an overview of the developmental period of the transition to adulthood. I then describe challenges that threaten successful transitions to adulthood for young people in low-income, urban communities, specifically focusing on the implications of traumatic loss for young, Black men's mental, behavioral, and relational health during this period. The transition to adulthood, also conceptualized as emergent adulthood, is generally described as a developmental stage where young people gradually individuate from their parents and work toward achieving independence and self-sufficiency (Arnett, 2004; Settersten & Ray, 2010). For middle and upper middle-income youth, this can be a period of exploration and moratorium where young people try on different professional roles as they continue identity development work (Arnett, 2004). Positioned between the developmental stages of adolescence and young adulthood, the transition to adulthood or emergent adulthood is traditionally thought to span the years of 18-24, with this period increasingly extending into the late twenties (Furstenberg, 2010).

In the United States, this stage largely involves achieving stable connections to educational and/or employment systems. Connections to either system are considered pathways to adulthood as educational and employment advances are predictive of achieving financial independence from parents—a central hallmark of adulthood that is also a gateway to residential independence (Settersten & Ray, 2010). These transitions have historically happened more rapidly and securely in periods of economic stability

where job opportunities and educational funding may be greater (Settersten & Ray, 2010). Transitions in roles (e.g. transition to marriage or parenthood) and family formation are also pinpointed as key markers of adulthood, with differing role expectations and norms surrounding these transitions for American men and women. However, transitions in family roles have largely been delayed over time as a result of post-secondary education requirements and advances in reproductive health (Settersten & Ray, 2010). Instead, across race/ethnicity, people largely report the criteria for adulthood to be: 1) Accept responsibility for yourself; 2) make independent decisions; and, 3) become financially independent (Arnett, 2004).

However, low-income and minority youth often encounter unique challenges that threaten successful transitions to adulthood (Setttersten, 2007). In addition to cumulative social and economic disadvantage that threaten stable connections to school and work, youth growing up in economically-disadvantaged neighborhoods face environmentally-specific risk factors that threaten this period (Johnson, 2009). Violence in low-income, urban areas is one such risk. While it is widely established that exposure to violence can produce adverse mental health, behavior problem, and poorer academic outcomes (Bell & Jenkins, 1993; Fitzpatrick, 1993), we know less about how traumatic loss and the experience of homicide survivorship impact this critical juncture in development.

**Threats to stable transitions to adulthood.** The challenge for emergent adults of forming stable connections to pathways to adulthood is not a new one for many low-income and minority youth and their families. Consequently, the transition to adulthood is a “critical juncture for understanding the accumulation of advantage and disadvantage over the life course” (Settersten, 2007). Low-income and minority families often lack the

economic resources and professional networks to support their young people as they strive to achieve financial and residential independence (Kent, 2009). Racial and economic disparities in education, employment, health, and wealth experienced by both young people and their families of origin can restrict the formation of stable connections to educational and employment pathways to adulthood (Settersten, 2007).

Low-income youth from disadvantaged communities fail to complete high school (29%) at higher rates than middle-income (10%) and upper income (5%) youth (Kent, 2009). Relatedly, young people from low-income families are less likely to graduate from four-year college (10%) than their middle (28%) and upper income (50%) counterparts (Kent, 2009). As it relates to specifically to low-income African American youth, similar trends emerge concerning employment with only 37% of low-income Black youth being employed compared to 74% of White youth (Kuehn & McDaniel, 2009). Youth from low-income families are also more likely than middle and upper income youth to engage in risky behaviors that place them at risk for exposure to violence and threaten their safety and well-being including selling illicit drugs, gang involvement, and getting into a physical fight (Kent, 2009).

**Homicide as a threat to the transition to adulthood.** The high rates of violence in low-income, urban areas pose several threats to successful transitions to adulthood for young, Black men. Thousands of young, Black men are treated in hospital emergency room units annually for violence related injuries (Rich, 2009). Accompanying, trauma responses and pressures to retaliate place these young, Black men at risk for re-injury and even death (Rich & Grey, 2005). Young, Black men who do not experience direct victimization remain vulnerable to witnessing violence in their community (Jenkins et al.,

2009). This traumatic exposure threatens successful transitions to adulthood as psychosocial consequences of this exposure include diminished academic performance and mental health sequelae that can disrupt steady engagement with the worlds of work and school (Fitzpatrick, 1993).

Homicide is the leading cause of death for young Black men ages 10-34 in the United States and has remained the leading cause of death for over two decades (CDC, 2010). As a consequence, this lethal violence presents a prime threat to a young, Black, male's ability to even reach this developmental stage or survive beyond it (CDC, 2011). However, young Black men who do survive violence in the inner city still remain increasingly vulnerable to experiencing the traumatic loss of a peer as a result of this same violence. As previously discussed, the suddenness, violent nature of peer homicide, and *off-time* death of peers can trigger trauma responses in addition to grief, making it more challenging to construct meaning and recover from the loss (Armour, 2003). Further, prescriptions and proscriptions of masculinity can restrict the ability of young, Black men to grieve the death of their peers or reach out for support to help them cope (Meija, 2007). Stigma, racial marginalization, and economic disadvantage often further disenfranchise young men of the ability to grieve well (Doka, 2008; Miller, 2010a). Taken together, these factors increase young, Black, male, homicide survivors' risk for developing prolonged grief, PTSD, and depression.

Traumatic loss threatens young, Black men's ability to navigate the transition to adulthood in several ways. Settersten (2007) outlined several "psychological capacities and social skills" (p. 251) that he presents as critical to successful transitions to adulthood. These psychological capacities include planfulness, goal setting, and identity

awareness—knowing one’s strengths and limitations. However, each of these can be disrupted by the homicide death of a peer. Implicit in becoming a homicide survivor to a peer is the reality that Black men die prematurely in the inner city. This can lead to a sense of a foreshortened future (APA, 2000), and disrupt a young man’s capacity to be planful about his future. Settersten (2007) also further suggests that psychological capacities and social skill serve as a form of “capital” during the transition to adulthood, enabling young adults to form meaningful personal and professional relationships and networks. Yet, we know little about how young, Black male homicide survivors navigate these relationships.

Lastly, Settersten (2007) highlights the formation of intimate relationships characterized by “trust, self-disclosure, closeness, commitment, and concern” (p. 261) as hallmark of the transition to adulthood. He states:

The capacity for intimacy is not only relevant to romantic relationships, but is important for both forming and maintaining all types of relationships. This capacity is crucial for strengthening interdependence with others...and it would also seem to facilitate many other essential capacities or skills, including [inter-group relationships] (Settersten, 2007, p. 261).

Peer homicide threatens young men’s ability to form healthy, intimate relationships in several ways. Peer homicide fuels distrust among social networks and can make young men apprehensive of trusting anyone, including persons with whom established relationships exist. As a traumatic response to the loss, young men may become emotionally numb and cut themselves off from feeling all emotion so they do not have to experience the pain of their loss (Rich, 2009). This can limit young men’s ability to form

intimacy in their relationships with romantic partners, peer, and family. Finally, homicide can make it challenging for many low-income, young, Black men to form social networks as their cohort of peers is dying at a time when the social and professional networks of their middle-upper income and White counterparts are expanding.

**Summary.** The transition to adulthood is a developmental period (18-24) that describes young people's attempts to form identities, and stable connections to educational and employment pathways. For many, this is a time of great transition and change but it can also be a time of exploration as the possibilities of self and future are expanding. However, for low-income and minority young people, this can be a time of frustration as cumulative disadvantages limit their choices and their ability to make stable educational, employment, and relational connections. While violence and homicide threaten the ability of young, Black men to reach and survive this developmental phase, traumatic loss of a peer to homicide also presents several critical threats to young men's ability to make successful transitions to adulthood. Trauma response, prolonged grief, and PTSD all compromise the psychological capacities and social skills of young, Black, men, interfering with their ability to be playful, set future-oriented goals, and form intimate relationships with romantic, peer, and professional networks. However, our knowledge about these experiences among low-income, young, Black male homicide survivors is extremely limited.

### **Theoretical Framework: Life Course Perspective**

I use the life course perspective in order to examine the experience of homicide survivorship among low-income, young, Black men (see Figure 1). Life course

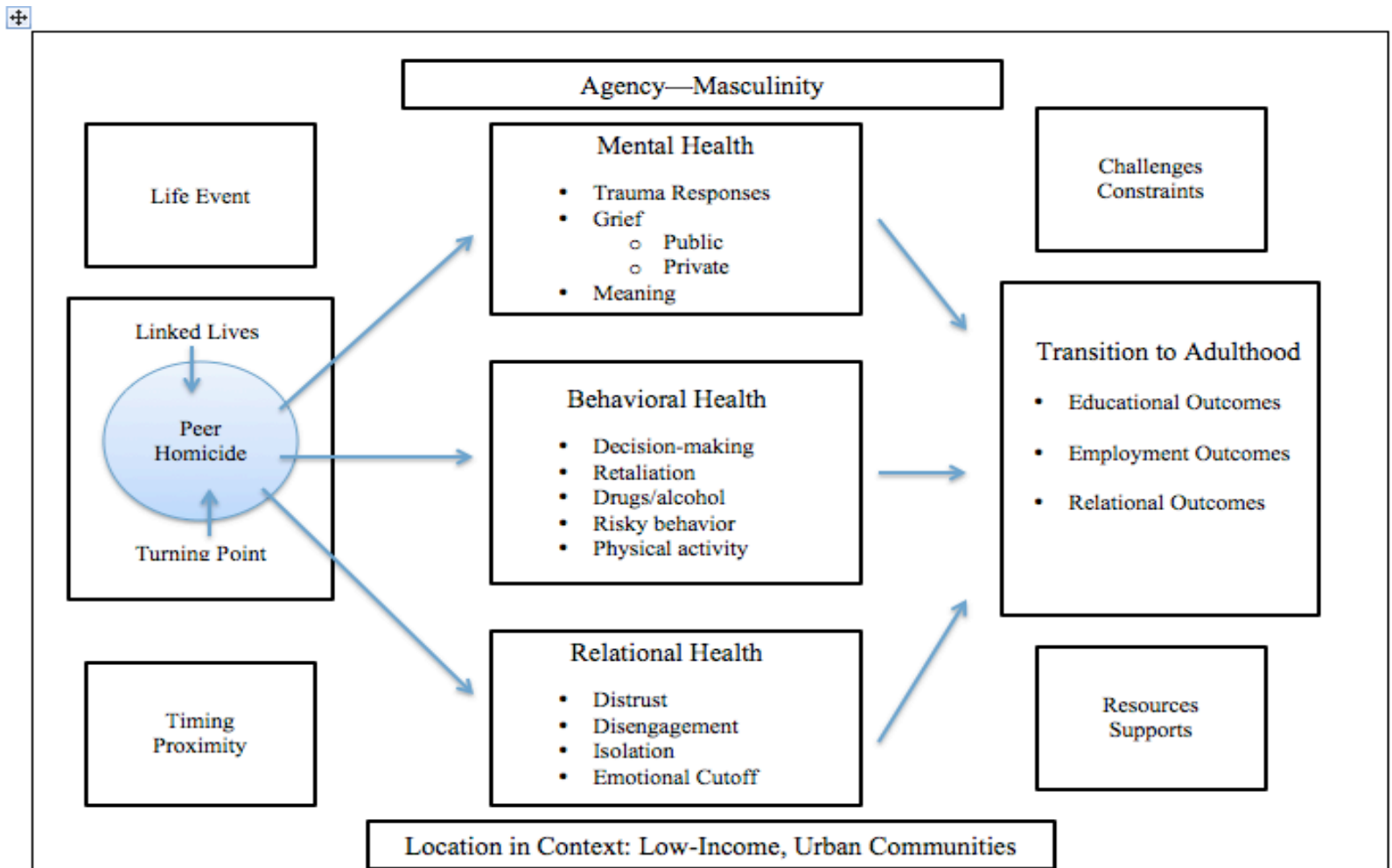
perspective provides a framework for examining how individuals, or groups of individuals (e.g. cohorts, generations, families, etc.) are affected by events, experiences, and social contexts over time (Elder & Giele, 2009). Temporality is the core focus of the life course perspective (Bengtson & Allen, 1993; Elder & Giele, 2009). The developmental and historical timing of life events and experiences is theorized to affect persons differently (Elder & Giele, 2009; Giele & Elder, 1998). Relatedly, this perspective also acknowledges that the meaning constructed about life events, changes, and relationships is also of central importance for understanding phenomena of interest (Elder & Giele, 2009). Therefore, this perspective offers tools for understanding “the importance of social meanings that are applied to life events, individual development, and the development of relationships over time” (Bengtson & Allen, 1993, p. 470). The emphasis on time, context, process, and meaning in life course perspective confer key strengths to the researcher for understanding how life events/experiences and changes (intraindividual and interindividual) shape outcomes and trajectories (Elder & Geile, 2009).

There are several key concepts of life course theory that will guide this examination of homicide survivorship among low-income, young, Black men. I will use Elder’s (1998) four paradigmatic factors as a lens for understanding how experiencing the traumatic loss of a peer as a result of homicide shapes the mental, behavioral, and relational health of low-income, young, Black men. These concepts include: 1) location in context; 2) linked lives; 3) timing; and, 4) agency (Giele & Elder, 1998). Related conceptual considerations of social structure, cohort, transition, and turning point will also inform this work and will be used as sensitizing concepts during the data analytic

phase. Analysis will be specifically directed toward understanding how the experience of homicide survivorship affects the developmental period of the transition to adulthood for low-income, young, Black men.



Figure 1. Theoretical framework: Life course approach to understanding homicide survivorship



**Location in context.** Location in context directs researchers to understand the historical and geographical environments in which events, changes, and relationships are embedded (Elder & Giele, 2009). It also pushes the researcher to consider how the meaning constructed about lived experiences are influenced by and situated within a larger social structure (Elder & Giele, 2009). Low-income, urban communities in the U.S. are often concentrated centers of socioeconomic challenges including racism, marginalization, residential segregation and overcrowding, educational inequities, unemployment, and easy access to firearms, which all increase the propensity for crime and violence in these environmental contexts (Eitle et al., 2006). Elevated and chronic levels of violence have persisted in low-income urban communities for decades and constantly place low-income persons at risk for experiencing a traumatic loss as a result of homicide.

Low-income, young, Black men are particularly vulnerable to experiencing the traumatic loss of a peer as homicide has remained the leading cause of death for Black men for over two decades (CDC, 2011). The cohort of young, Black men who are the focus of this study (ages 18-24) were born between 1987 and 1994 during the height of the violence epidemic in the United States (Bureau of Justice Statistics, 2010). During this period youth violence grew to an all time high. The epidemic peaked in 1991 with 24,703 homicides, 9,630 of which were Black males (Bureau of Justice Statistics, 2010). Although national homicide trends began to wane in 1994 until the 2000s, homicide rates among young, Black men have remained disproportionately high (Bureau of Justice Statistics, 2010). Consequently, the risk of experiencing the traumatic loss of a peer to homicide has also remained high for these young, Black men growing up in low-income,

urban communities. Some studies suggest that chronic exposure to violence can lead to desensitization to violence and a muted response to death (Parsons, 1994). However, recent research is beginning to broaden our understanding of these responses to community violence as trauma (Rich, 2009). Nonetheless, it is important that the historical and geographic context in which young, Black men's responses to peer death and their experiences of homicide survivorship are embedded be considered in this research.

**Linked lives.** The concept of linked lives or social ties refers to a “relationship-based approach to lives” (Elder & Giele, 2009, p. 9). This concept highlights the interconnectedness of persons in relationship and how these relationships shape the internalization of family, community, and societal expectations, norms, values, and culture (Giele & Elder, 1998; Elder & Giele, 2009). As described by Elder and Giele (2009), “social ties to significant others establish forms of socialization and control in channeling individual actions and decisions” (p. 10). In the earlier years of the family life cycle, parents (and other adults) typically have the most influence on the lives of children. However, as young people approach adulthood, developmentally, this importance gets conferred to the peer group. For low-income, young Black men, many of whom have grown up without their fathers, relationships with male peers often become the social ties through which gender socialization, the formation of a masculine identity, and respect are established. As young people are developmentally working to individuate from parents and form identity, the peer group becomes an important and powerful network. Young people begin to shape a vision of self and of future in concert and in contrast with their peer group.

Consequently, the death of a peer can be a traumatic experience for young people generally, and for low-income, young Black men specifically. Podell (1989) examined how students from a high school responded to the traumatic loss of a peer in local fire. Results of this inquiry explained that youth who had close relationships with the young persons killed in the fire expressed: 1) intense anger over the inability to control the death of their peer and the realization that they may lack control to prevent their own death; 2) a sense that their future aspirations were interrupted by the realization that they may be unprotected from death; and 3) a strong identification with the deceased as if part of their future also died with their friend (Podell, 1989). Therefore, the death of a peer can be a traumatic experience for young people, shaping their perceptions of their futures and also their decision-making processes which are now informed by the realization that their lives may be cut short. For young Black men, this shift in perception regarding their mortality is grounded in the reality that large numbers of young, Black men do die early. Members of their peer network and thousands of members of their cohort are eliminated each year as a result of community violence. For young, Black males losing a peer(s) to community violence can shape their perceptions of self and future and can also trigger intraindividual changes (e.g. mental health) that shape subsequent changes and developmental transitions.

**Timing.** Time is a central focus in life course theory. Studying temporality helps researchers to get at the *when* question (Elder & Giele, 2009). This concept asserts the importance of when a life event or experience happens in connection to later life experiences and outcomes. Connected to the family and developmental life cycles, transitions in developmental stages and roles are used as markers of normative life

changes (Bengtson & Allen, 1993). Transitions or life events that happen before or after established developmental norms are considered to be *off-time* and pose implications for subsequent development and the timing of succeeding transitions. For young, Black men, the homicide death of peers in their cohort is theoretically, *off-time*.

In the United States, it is non-normative for persons to die in the developmental periods of adolescence, emergent adulthood, and young adulthood. However, in low-income urban communities, the prevalence of violence and traumatic loss has altered trajectories of development for young, Black men. Anecdotally, young, Black men report holding the belief that they will not live beyond adolescence or emergent adulthood. Books like *Young, Black, and Male in the United States: An Endangered Species* (Gibbs, 1988) affirm the perceptions of life expectancy held by many young, Black men who are losing their peers to violence.

However, we know little about the consequences of the timing the traumatic loss for young, Black men. Cognitive and emotional abilities to process and construct meaning about peer death look different across developmental stages. However, research suggests that early trauma can offset normative developmental trajectories (Gomat, 2011). Results from the ACE study demonstrate that traumas experienced in childhood are predictive of adverse mental, behavioral, relational, and physical health outcomes in adulthood (Felitti, 2002). Recent research exploring bereavement among middle-aged African Americans found no significant differences in the levels of depression or complicated grief in persons who lost a loved one within the past two years or who were two or more years beyond the loss, suggesting that earlier deaths can have lasting impacts on health and well being (McDevitt-Murphy et al., 2011). However, the traumatic nature

of the death paired with the developmental timing (e.g. early childhood v. adolescence) of the loss may result in differing experiences of homicide survivorship for young, Black men.

We know even less about the consequences of the traumatic loss for low-income, young, Black men as they transition to adulthood (Rich, 2009). The homicide death of a peer could be an important turning point in lives of young, Black men. Elder and Giele (2009) define turning points as “specific events or milestones that substantially alter the direction and/or slope of a trajectory” (p. 169). As it relates to this study, a trajectory can be conceptualized as an “individual pattern of stability and change” (Elder & Giele, 2009). Experiencing the traumatic loss of a peer to violence may alter trajectories of mental health (e.g. prolonged grief, PTSD), behavioral health (e.g. post-loss engagement in risky behaviors or retaliation), and relational health (e.g. inability to trust or emotional cutoffs) within young Black men.

**Agency.** Agency reflects the ability that individuals have to shape their lives. It refers to active decisions and behaviors that individuals engage in to organize their lives, adapt to their environment, and achieve goals (Giele & Elder, 1998; Elder & Giele, 2009). Following the death of a peer, young men make many decisions about how they grieve (e.g. emotional expression), where they grieve (e.g. publically and privately), and how they cope with the pain of having a peer murdered (e.g. solicitation of support, substance use, violence, etc.). Considering how young men use agency following the traumatic loss of a peer is closely connected with the Elder’s (1998) three previously articulated paradigmatic factors of location in context, linked lives, and timing. Context (e.g. frequency of homicide; supports and resources available in communities),

internalized norms and expectations around grief (e.g. hegemonic prescriptions and proscriptions of masculinity), and developmental stage (e.g. identity formation) all inform how young men respond to the traumatic loss of peers. Therefore, understanding how young men use agency to navigate the experience of homicide survivorship is critical.

### **Purpose of the Study**

The purpose of this study was to gain insight and understanding about the experience of homicide survivorship among low-income, young, Black men. The high rates of homicide among Black men in low-income, urban communities place young, Black men at high risk for experiencing the traumatic death of a peer. However, the experiences of these young men have largely been ignored within the homicide survivorship literature. In much the same way, the experiences of peer homicide survivors, the experiences of youth and young adult homicide survivors, and the experiences of low-income homicide survivors have yet to receive much empirical attention. The existing research on homicide survivorship has largely focused on the experiences of surviving family members, and these samples have largely been White, middle-income, and middle-aged women. As a consequence, we know little about the diversity in this experience by race, class, developmental period, or gender. The recent research that has begun to examine homicide survivorship among low-income, urban youth has solely been directed at the experiences of African American adolescent girls and women.

Therefore, the present study advances our understanding of homicide survivorship by examining this experience among low-income, young, Black men. This research demonstrates how young men's location in context contributes to their disparate experiences of exposure to violence, peer homicide, and traumatic loss. This study provides insight into how young, Black men respond to and process the traumatic loss of peers resulting from community violence. This study worked to uncover the emotional experiences of young, Black men as they grieve and recover from the death of their peers, paying close attention to how masculinity informs these processes. It increases our understanding of the developmental implications of peer homicide by examining the frequency and timing of peer deaths. This research also contributes to our understandings of homicide survivorship and traumatic loss by suggesting a framework for understanding the experiences of low-income, young, Black male survivors of peer homicide. Lastly, this study expands our knowledge about the transition to adulthood for low-income, young, Black men by considering the implications of traumatic loss and peer homicide for this developmental period.

Grounded in the life course perspective, this study asked the following research questions:

1. How does the context of place shape young Black men's exposures to violence, experiences of peer homicide, and accumulation of trauma?
2. What is the frequency and timing of peer homicide across the life course for low-income, young, Black men and what are the implications of these experiences for their transitions to adulthood?



3. What are the distinct dimensions of homicide survivorship for young Black men in low-income, urban contexts?
  - a. How do young, Black men grieve the deaths of their peers, and how does the trauma of these deaths inform their perceptions of safety and vulnerability?
  - b. What resources and strategies do young men use to cope with traumatic loss and grief, and to recover in the face of chronic threats to their health and well-being?

## Chapter 3: Research Design and Methodology

### Methodological Approach

The goal of this study was to gain a greater understanding of the lived experiences of young, Black, male survivors of peer homicide in low-income urban contexts. In order to accomplish this goal, a social constructionist paradigm guided this research inquiry. Social constructionism states that all reality is socially constructed; therefore, this approach acknowledges “an external reality that is subjectively perceived” and made sense of internally through constructed meaning (Daly, 2007, p. 32). This approach states that this meaning-making process occurs through interaction with others and with the environment, and recognizes that the meaning derived from any one situation may vary across observers. As such, social constructionism acknowledges the possibility of multiple realities and gives credence to them respectively (Daly, 2007). Therefore, this approach is situated between the objectivist and subjectivist ends of the epistemological continuum, with greater gravitation toward the subjectivist end as it emphasizes capturing individual interpretation of reality.

These scientific “habits” and “tools” (Masterman, 1970 as cited in Daly, 2007) work collectively to accomplish the goal of understanding how individuals construct meaning about a phenomenon of interest. For the purposes of this study, they served the goal of helping me to understand how low-income, young, Black men construct meaning about peer homicide. The “habits” and “tools” of social constructionism include a variety of talk-centered activities and ethnographic methods such as in-depth individual interviews and informal focus groups (e.g. weekly sessions of the loss and grief group I facilitated at the field site) that helped discover how young men made sense of their

experiences of traumatic loss within the contexts of their communities. Ethnographic methods of observation and writing field notes helped capture young men's experiences of and responses to loss with the goal of attaining "thick description of a phenomenon that brings forth the nuance of the experience" (Daly, 2007, p. 33).

In accordance with social constructionism, I used a qualitative methodological approach for data collection and analysis. Unlike positivist quantitative methodologies that primarily focus on explaining causal relationships between variables of interest, qualitative research focuses on understanding *how* a phenomenon of interest is experienced (Daly, 2007). In this project, a qualitative approach allowed me to explore the process, context, and meaning surrounding the experience peer homicide among low-income, young Black men. In-depth interviews with young men enabled me to gain insight into how young men grieved peer homicides while also allowing me to understand how they constructed meaning about the implications of these losses for their lives. Additionally, field and participant-observations of young men helped me to better understand the contexts in which their experiences of trauma and loss are situated. Low-income young Black men face a number of culturally and contextually-specific factors that shape the frequency of their encounters with trauma and death, their responses to loss, the meaning they construct about these experiences, and the implications for their transitions to adulthood. Therefore, using a methodological approach that allows me to gather a rich understanding of context was of equal importance.

**Field sites and sample recruitment.** After obtaining IRB approval from the University of Maryland, College Park (see Appendix A), and a Certificate of Confidentiality from the National Institutes of Health (see Appendix B), I recruited

participants for this study. A Certificate of Confidentiality was secured as a proactive measure to protect any sensitive data revealed about peers' homicides from subpoena. The protections and limitations of the certificate were included in the informed consent form (Appendix C) and verbally explained to each participant. Prior to each interview, participants were required to read and sign the consent form (See Appendix C). Given the varying levels of literacy within this sample of young men participating in General Education Development (GED) center, informed consent was reviewed aloud with each participant to ensure comprehension. Each participant was verbally informed that his participation was voluntary and that he could ask questions, stop, or withdraw from the study at any point. Participants were also verbally informed that the interviews were audio-recorded and that all names would be replaced with pseudonyms in an effort to protect confidentiality. Copies of informed consent forms were provided to all participants at the time of interview.

Young men were recruited from a large youth serving organization in Baltimore City, Maryland. This field site, Striving for Upward Progress (SUP), is a GED and Job Readiness Training (JRT) program that serves low-income Baltimore City youth, largely African American. This site was identified through the Fathering Adult Sons in Transition (FASIT) study, a larger parent project at the University of Maryland, College Park that I participated in as a Research Assistant. The FASIT project explores intergenerational influences on the transition to adulthood for low-income, young men who would be considered disconnected from traditional pathways to school and work. The William T. Grant Foundation funded this project and some of the project's central goals were to gain insight as to how family and kin networks support young men during

this transition. In-depth interviews, participant-observations via life skills presentations led by research team members, and discussions with staff personnel were conducted at youth development programs in Baltimore City and Langley Park, MD.

As part of the larger parent project (FASIT), I facilitated life-skills presentations at SUP once a week for four consecutive weeks in February and March of 2010. These presentations helped me to build initial relationships with program members and staff and to establish a presence at the site. Topics of previously presented life skills sessions included anger management, depression, and stress management. Each presentation provided the opportunity to conduct participant-observations particularly through the small group breakout discussion sessions. On multiple occasions, program members mentioned the death of peers without prompting during these breakout sessions. Spontaneous stories about recent deaths of peers and family members also emerged without prompting during interviews with young men alerting me to the prevalence of loss in the lives of these young people. Unscheduled chats with GED class instructors, program clinicians, and site directors all mentioned the high incidence of peer homicide among the program participants and provided insight into staff concerns about how program participants processed these losses.

Whereas the focus of the FASIT project was directed at gaining insight into the process, timing, supports, and social capital young men have as they transition to adulthood, this study aimed to explore young men's encounters with traumatic loss over time in order to understand the implications of these individual and cumulative experiences for their transitions to adulthood.

***Field sites.*** I recruited a sample of young men for the proposed study from the Baltimore City site of the FASIT project. The SUP program is run by the Historic East Baltimore Community Action Coalition (HEBCAC) and is supported with partnerships from the Center for Adolescent Health at Johns Hopkins University. The program is available to Baltimore youth ages 16-22 who have exited the Baltimore City School System. The goal of this program is to provide disconnected Baltimore youth with job training, educational resources, mental health services, case workers referred to as member advocates, transportation supports and other resources necessary to help them form stable and successful connections to the world of work. This is a large program with sister sites in East and West Baltimore serving over 4,300 youth from its inception in 1999 through 2007. Members are largely referred to this youth development program from other social service agencies, the juvenile justice system, the school system, and often through word of mouth. At the East Baltimore site, where the FASIT project previously worked and where the this project recruited participants, program members are largely African American and program staff reflects this demographic.

***Sample recruitment strategies.*** I recruited 40 low-income, young men for this sample from the SUP program's East Baltimore location. In order to satisfy the inclusion criteria, study participants needed to: 1) be male; 2) age 18-24; 3) self-identify as Black or African American; and, 4) have experienced at least one peer death as a result of community violence. These criteria enabled me to conduct a purposeful sample of young men who helped me satisfy the articulated project goals. I stopped interviewing young men when I reached saturation (Daly, 2007). Daly (2007) described the point of

saturation as occurring when the researcher stops hearing new aspects regarding phenomena of interest reflecting a rich understanding of the experiences interest.

I recruited young men for this study in a variety of ways. I volunteered at the center by developing and facilitating a weekly loss and grief group for program members held at the GED center (see Appendix E for sample curricula). This group allowed me to: 1) open communication about loss, grief, and trauma; 2) establish a role and build relationships with program members; 3) recruit participants; and, 4) contribute to my field site. In the United States, death remains a taboo topic of conversation. As a consequence, discussions about loss and grief often create discomfort and awkwardness and are avoided (Balk & Corr, 2009). Cultural factors connected to race-ethnicity (e.g. African American), gender (e.g. male), and age (e.g. adolescents and emergent adults) can further constrain willingness to engage in conversation around these topics. Therefore, creating a physical space within the GED center that was consistently designated for safe and purposeful conversations about these topics was critical. As the facilitator of the group, I became known as “the grief and loss person” at the center, making conversation with me about death normative and routine. My role as group facilitator also gave me a clear sense of purpose in the center, conferred the respect of a Staff position, and provided a frame for building relationships with young men (and women) in the center.

During my time in the center (1.5 years), the loss and grief group served as my primary method of introducing the research opportunity and recruiting young men to participate in the study. As a participant-observer in the groups, discussions about grief experiences positioned me to identify young men who were “information rich” (Patton,

2002). I also worked closely with the mental health clinicians and member advocates, identifying young men on their caseloads who met study criteria. Staff often introduced me to newly enrolled members so I could recruit them for a research interview and/or get them connected to the weekly loss and grief group that remained open to all program members regardless of research participation or gender. After establishing a presence in the center through consistent facilitation of the group and through engagement with other center programming and activities two – three days a week, I directly approached new enrollees to introduce myself, the group, and the research opportunity. I also recruited young men through a snowball sampling technique, permitting program members to refer friends, family, or former program members who meet the inclusion criteria to participate in the study.

As an additional means of recruiting participants, I created a Facebook account for this study called the “The Lost Ones Project” that advertised the research project. Program members helped me to name the page and edit language to make sure it was clearly understandable and accessible to young men visiting the page. This page was also a valuable resource for scheduling interviews and directly communicating with members as telephone numbers often changed, belonged to family members (e.g. parents or group home directors), or were disconnected.

***Sample stratification.*** This study focused on low-income, Black men between the ages of 18-24 as the unit of analysis. I focused on Black males ages 18-24 as they are situated in the developmental period researchers describe as the transition to adulthood (Arnett, 2003). Young Black men face a number of factors that threaten successful transitions to adulthood. Black males ages 10-34 face the greatest risk of homicide in the



United States (CDC, 2010), and this risk is elevated for young men living in poor, urban communities. Community violence and high rates of homicide place young, Black men at an increased risk for becoming homicide survivors. In Baltimore, this age demographic (18 -24) consistently experiences the highest rates of homicide in the city, with Black males disproportionately represented among homicide victims in this age group (and all age groups) (The Baltimore Sun, 2013). Therefore, 18-24 year old, Black males are especially vulnerable to becoming homicide survivors in the context of violence in their Baltimore neighborhoods.

I worked to capture variations in young men's experiences of homicide survivorship including the frequency, timing (age/developmental stage of participant when the traumatic loss occurred), and proximity (present at time of death or not; witnessed death or not) of their experiences through in-depth interviews with young men. When possible, during psychoeducational and life skills groups, I asked questions that helped to identify program participants who experienced singular versus multiple peer homicides or who experienced traumatic losses in early childhood versus late adolescence. This helped me to purposefully identify and recruit young men whose narratives reflected the variation in the young men's experiences of homicide survivorship.

***Sample description.*** The sample for this study consisted of 40, low-income, Black men ages 18- 24. All participants were current or former members of the SUP program. Of the 40 participants, three obtained their High School diplomas from the Baltimore City School System and were presently engaged with SUP for employment opportunities. Seven additional participants obtained their GEDs from SUP and were continuing to

receive job training. The remaining 30 young men were working toward obtaining their GED and were primarily engaged with SUP for GED classes. Over the course of my time in the field there was great flux concerning young men's employment status. At the time of young men's interviews, about half of participants ( $n = 16$ ) were connected to full or part-time employment, a number largely reflective of young men's participation in summer youth internship opportunities offered each summer by Baltimore City. Eleven of the 40 young men were fathers and three were expectant fathers.

In this sample of 40 young, Black men ages 18-24, participants experienced a collective total of 267 (range: 1 – 24 deaths) death-related losses (see Appendix F). Of the 267 total deaths reported by participants, 45% or 119 of them resulted from homicide (See Table 6 in chapter 6). These numbers were based on the experiences of 37 young men in this sample, as three did not experience traumatic losses resulting from homicide. Of the 119 homicide deaths, participants witnessed 13 of these deaths. A detailed report of participants' experiences of loss generally, and traumatic loss, specifically, including relationship (e.g. peer/non-peer; brother, cousin, friend, etc.) and relational connectedness to the decedent (e.g. closeness in the relationship) are described in chapter six. Chapter six also examines the multiplicity of loss among participants, specifically examining emergent patterns in the frequency, timing, and clustering of losses across the life course.

**Data Collection.** In this investigation, I used qualitative methods to understand the context, process, and constructed meaning of traumatic loss and homicide survivorship among young Black men (Denzin, 2002). Specifically, I conducted field observations by acting as participant-observer within the site and I conducted individual in-depth interviews with the young men.

*Field observations.* On average, I spent two days a week in Baltimore at the SUP program as a participant observer. Monday through Thursday, the site offered GED courses to two distinct cohorts (morning and afternoon) of students. Each cohort met for a three-hour course. The first two hours of the course were dedicated to GED coursework and the third hour was reserved for presentations that promote youth development (e.g. reproductive health workshops, life skills presentations, etc.). These presentations were typically led by an organization outside of the center or in collaboration with the center's mental health clinicians.

Similar to my role in the FASIT in the project, I developed and facilitated the loss and grief group during the third hour of instruction on Thursdays. This group met for one hour every Thursday except the first week of the month when the center had a center-wide community meeting to share information, address concerns, and celebrate successes. As previously described, this group helped me to build and maintain relationships with program members, the young men, in particular. Young men were most active and consistent in their participation in the group. Therefore, it also served as successful mechanism for recruiting participants for in-depth interviews.

Group provided psychoeducation about loss and grief and consisted of many written and creative expression activities to facilitate the expression of emotion. In addition, young men and women often brought in personal writings about their loved ones that they shared with the group or with me privately. The prevalence of traumatic loss among the young adults enrolled in this program quickly became apparent as members shared personal stories of loss. Specifically, losing a relative or peer to violence was a dominant theme during group discussions.

These weekly sessions deepened my insights into the grief processes among program members by allowing me to systematically observe how the youth interacted and communicated around these issues. Sessions that were solely attended by young men created opportunities for me to explore masculinity in a social context. During these sessions, I often posed questions to the group about gender and grief with the purpose of exploring gendered prescriptions or proscriptions about grief expressions. These conversations helped me to understand the variable expectations of masculinity across circumstance (e.g. responding to violent threats or the loss of peer). Emergent themes also helped me to further refine the research protocol. For example, young people often used the phrase “bullets don’t know no names,” prompting me to ask questions that uncovered the unpredictable nature of violence and young men’s strategies to manage this unpredictability.

Participant-observations were also obtained through “down time” surveillance of the members before and after loss and grief groups via interactions with program staff. Between the morning and afternoon installment of the group, I would spend time in the center interacting with program members and staff. I also attended other center activities and outings (e.g. basketball games at a local recreation center). This helped to strengthen relationships with program members, young men in particular, and provided me with a fuller understanding of young men I interviewed. I jotted field notes about my observations and interactions with program members and staff in a notebook dedicated for field notes. Most frequently, I dictated voice memos into my digital recorder during the commute from the field site home in order to quickly capture observations and process emergent themes in and across participant interviews. Jottings and voice memos

were converted into detailed field notes (as suggested by Emerson, Fretz, & Shaw, 1997) or expanded into transcribed theoretical memos in Microsoft word.

Finally, the created Facebook page was an unexpected mechanism of participant observation concerning loss and grief. My Facebook friendships with program members enabled me to see how young men and women used social media as a platform to announce recent losses (e.g. notify their social network about recent deaths), communicate the logistics of grief rituals (e.g. location, time, and expectations for candlelight vigils and/or funerals), express internal grief reactions, and mourn and memorialize peers (e.g. Facebook status dedications and digital photo collages and memorials). My participation in this social network allowed me to gain insights about networks of homicide survivors and to identify shared experiences of loss. For example, when a triple homicide occurred in Baltimore City, I quickly learned that three of my research participants grieved one of the deaths because each of them changed their profile picture to a photograph of the deceased young man. They also began to post photos and videos they possessed that included this young man, and “tagged” each other in the material or “shared” it on each other’s pages. Observing how others in their individual Facebook friend networks responded to this material granted me entry into the real-time collective experience of homicide survivorship at a community level.

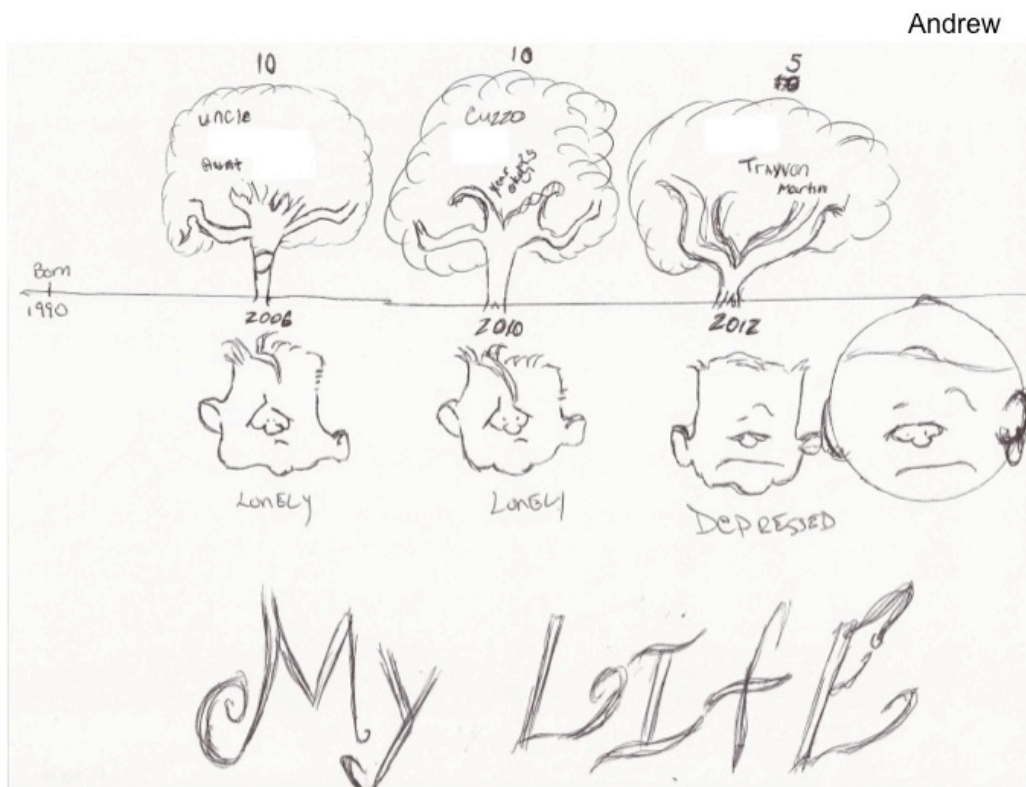
***In-depth interviews.*** I conducted in-depth interviews with 40 young Black men (LaRossa, 2005; Small, 2009). The goal of these interviews was to gain a rich understanding of the process, context, and meaning of traumatic loss and homicide survivorship among young, Black men (Daly, 2007). I interviewed young men at the program site using a semi-structured interview technique (Daly, 2007). This approach

provided a focus for the interview while allowing me the flexibility to adapt to the idiosyncrasies of each participant's experience (Daly, 2007). Semi-structured interviews were advantageous in that they also allowed for what Roy, Tubbs, and Burton (2004) describe as "structured discovery"—an interview approach that ensures the researcher covers all protocol domains during all participant interviews while allowing the flexibility to discover unexpected themes. Interviews lasted approximately 1.5 – 4 hours, with the average length being 2 hours. Young men received a \$20 cash incentive for their participation.

The research protocol (Appendix G) that guided the semi-structured interviews was built around sensitizing concepts (van den Hoonaard, 1997) in the literature on violence, trauma, loss, the transition to adulthood, and urban contexts; field observations from my involvement in the larger parent project; and, questions used in an earlier pilot study with this program site. A small pilot study was conducted in the spring of 2010 as part of my graduate Qualitative Research Methods course at the University of Maryland, College Park. I conducted two, in-depth, follow-up interviews exploring loss across the life course with young men interviewed for the FASIT project. These interviews provided insight into the experiences of loss among low-income, young, Black men at this site and also informed interview protocol development for this project. Protocol domains included questions designed to capture young men's experiences of violence and trauma in their urban communities; peer homicide; loss, grief, and survivorship; mental, behavioral, and relational consequences of trauma and loss; and the transition to adulthood (See Appendix G).

**Chronologies of loss.** Borrowing from life history calendar techniques (Axinn & Pearce, 2006), I co-constructed chronologies of loss during interviews with young men. In my pilot study with young men at the SUP program, I developed chronologies of loss as a visual timeline for young men to display the losses they have experienced over time (See Figure 2 for an example of Andrew’s chronology). These chronologies helped me to quickly assess the frequency and developmental timing of the traumatic losses young men experienced. In this way, the chronologies of loss fulfilled the same main objective of life history calendars in that it is a “collection of data on the timing and sequencing of personal events in the lives of individuals” (Axinn & Pearce, 2006, p. 139).

Figure 2. Case example: Andrew’s chronology of loss



This technique was used again in this study and chronologies were constructed either at the start of the interview as a method of verifying young men met study criteria,

or at the start of the protocol domain exploring peer homicide. As described by Axinn and Pearce (2006), “recall of the precise timing of various life events may present a cognitively challenging task for survey respondents” (p. 139). This chronology served as a visual cue that helped young men recall timing of peer homicides. The beginning of the each timeline represented the year of each participant’s birth and the end of the line represented the present year at the time of the interview. Using the tools presented (pens, pencils, colored pencils, markers), participants were first instructed to mark the years in their lives where they experienced the death of a peer, relative, or loved one. They were then instructed to write the name and relationship shared with the decedent (e.g. Willie, close friend). This provided me with an overall picture of each participant’s history of loss. After all deaths were depicted on the chronology, participants were asked to identify all deaths that were a result of homicide and to visually identify (e.g. star or circle, etc.) homicides that were of peers. Participants were then asked to indicate the perceived impact of peer homicide on their lives by rate the intensity of the loss on a scale from 0 (no impact) -10+ (major impact).

Participants were then asked to articulate the emotions they experienced connected to each loss. Mindful that the emotional vocabularies of these young men may be restricted due to masculine scripts and socialization, a feelings chart (See Appendix D) naming and graphically depicting emotions was presented as a supportive resource. Altogether, chronologies of loss helped to assess the perceived impact of each loss and also served as a member check of the narratives each young man shared about his experience of homicide survivorship. These tools also helped identified which experiences of loss to focus on during the research interview. The majority of young men



in this sample experienced multiple traumatic losses resulting from homicide. Therefore, the discussions of grief in the interview focused on experiences of peer homicide that young men rated the highest in their levels of intensity and perceived impact.

**Data management.** In-depth interviews were digitally recorded and transcribed verbatim. All digital recordings were stored securely in protected data files, and participant consent forms and any documents containing participant identifying information were stored in a locked filing cabinet. Interviews were transcribed by the researcher and a team of trained research assistants (RAs). All transcribed interviews completed by research assistants were reviewed for accuracy. All participant and decedent names were replaced with pseudonyms in order to further protect the identity of project participants (See Appendix F). All transcripts, memos, and field notes were entered into ATLAS.ti, a qualitative data analysis software that assists with data management, manipulation, and analysis.

**Data analyses.** A modified grounded theory approach will be used for data analyses (Daly, 2007). Drawing from the triadic coding scheme described by LaRossa (2005), I coded the data in three waves: 1) open coding, 2) axial coding, and 3) selective coding. Transcribed interviews were entered into Atlas.ti, the qualitative data analytic software. Atlas.ti was most useful during the first wave of coding. Open coding involves reading each transcribed interview line-by-line to identify key indicators that provide insight into the project's goals (LaRossa, 2005). Before the first wave of coding, *a priori* codes were compiled based on sensitizing concepts from prior research and were used to help pinpoint key indicators during data analysis (van den Hoonaard, 1997; LaRossa, 2005). Based on my reading of the literature and pilot study, the sensitizing concepts

guiding open coding were: Neighborhood violence, peer homicide, premature death, trauma responses (e.g. distressing dreams, intrusive thoughts, hypervigilance, hardened hearts, distrust, etc.), grief responses (e.g. emotional, behavioral, cognitive, spiritual, and physical), masculinity, and the transition to adulthood. However, in line with a modified grounded theory approach, I also developed new codes based on key “word[s], phrase[s], or sentence[s], or a series of sentences” (LaRossa, 2005, p. 841) that emerged from my reading of the interviews.

Over 50 codes were generated during this phase of the coding scheme; however, a set of central codes applied repeatedly throughout the open coding of interviews emerged. These codes included neighborhood violence, safety, peer relationships, peer homicide, trauma, trauma responses, bereavement, grief responses, coping, and survivorship. Throughout open coding, paragraphs of coded interview text were compared within each interview to determine if new codes should be created or if indicators fell under existing codes or categories. Questions were also asked of the transcribed interview data in order to uncover a deeper understanding of the interview text. As laid out by Charmaz (2006), these questions will included: What is going on here? What are young men saying or doing? How does the context shape what is happening here? What is the nature of the process by which young men experience loss and construct meaning around loss? Under what conditions did this process develop? and What is contributing to change in this process? (p. 80-81).

In the subsequent wave of axial coding, I used the technique of constant comparison (LaRossa, 2005) to understand the similarities and variation in young men’s experiences with loss and the transition to adulthood. I identified key categories that

emerged throughout the 40 coded interviews and examined them across the cases in order to discover the dimensions of a category. For example, in order to fully understand bereavement among this group of homicide survivors, grief was coded as a prevalent experience for young men. Therefore, I instructed ATLAS.ti to generate a code report containing all the coded text related to the code “grief” across all of the interviews. I then analyzed all of the text units coded as “grief” in order to understand the dimensions of young men’s grief related to peer homicide through comparison and contrast of young men’s grief responses and processes. For example, some young men struggled to accept the reality of a peer’s death and became stuck in their grief while other young men resolved to quickly accept the death and move on.

Finally, during the last wave of selective coding, I developed a core category with dimensions describing the processes of bereavement among low-income, young, Black male homicide survivors. I integrated key analytic codes (e.g. violence, loss, grief, and masculinity) around a core category (e.g. homicide survivorship) in such a way that best told a story about various facets (e.g. range in young men’s grief responses) young men’s bereavement experiences. What emerged was theorized framework of traumatic loss and grief for young Black male homicide survivors in Baltimore City.

**Data quality.** As outlined by Krefting (1999), Guba’s model for assessing the quality of qualitative research was used as a standard to ensure the rigor of this qualitative study. Simply applying strategies to assess the quality of quantitative research to this qualitative study would be ineffective given the different goals and methods of qualitative research (Krefting, 1999). However, Guba’s model is useful for assessing data quality in that it equips researchers with language and a lens to evaluate aspects of quality

research relevant to both quantitative and qualitative research. This model contains four key aspects that were used to determine the trustworthiness of the data collected in this study: 1) Truth value; 2) Applicability; 3) Consistency; and 4) Neutrality (Krefting, 1999).

***Truth value.*** In qualitative research, this aspect of Guba's model is referred to as establishing credibility. It is comparable to establishing internal validity in quantitative research or ensuring that a measure captures what it is intended to measure so that changes in the dependent variable can be accurately attributed to changes in the independent variable (Krefting, 1999). In qualitative research, truth value is established by accurately capturing and interpreting the multiple realities of the lived experience I am working to understand so that others who "share that experience would immediately recognize the descriptions," (Krefting, 1999, p. 174). Establishing the truth value enables the researcher to have confidence in the truth of findings based on the study's design, the research participants, and the context in which the study is situated.

***Applicability.*** Applicability is related to the concept of external validity in quantitative research and is concerned with the generalizability of the findings (Krefting, 1999). In quantitative research, this is often achieved through representative sampling techniques designed to increase the researcher's ability to generalize the findings to a broader population. The goal of qualitative research is to capture lived experience and achieve a "thick description" of a phenomenon of interest. The goal is not to generalize the findings. However, as proposed by Guba's model, qualitative findings should contain enough description of the processes examined so that the findings are transferable—

capable of being examined in different contexts and samples in subsequent research studies (Krefting, 1999).

**Consistency.** This aspect of data trustworthiness is related to reliability in quantitative research. It is concerned with whether a study's findings can be replicated and achieve similar results. Therefore, quantitative studies utilize methods that help to control for variation across the data and experimental setting. However, replication of findings is not a goal of qualitative research. Qualitative methods are concerned capturing multiple realities and understanding the uniqueness of experience. Therefore, variation in the data is purposefully explored in order to arrive at a rich and full understanding of the phenomenon of interest. Unlike in quantitative studies where outliers are problematic to data analyses that work to ascertain the average experience, outliers provide important information in qualitative studies about the range of human experiences (Krefting, 1999)

**Neutrality.** Neutrality is a key tenet in positivistic research methodologies. It refers to the researcher's obligation to remain objective and bias-free so that the researcher does not influence the data and the researcher's methods and analysis are not influenced by the data (Krefting, 1999). In quantitative studies, a researcher's ability to remain objective and achieve distance from the data increases the value of the data. However, the opposite is true in qualitative research. Increased value in qualitative studies can be achieved through diminished distance between the researcher and the participants (Krefting, 1999). Repeated and prolonged engagement (Lincoln & Guba, 1985) to the research participants and the context that shape the lives of the research participants can increase the researcher's ability to form trust with the participants and gather rich data. Therefore, in qualitative research, an assessment of neutrality is focused

on examining the neutrality of the data as determined by the credibility and applicability achieved in the study; this is often referred to as confirmability (Krefting, 1999).

*Strategies.* In accordance with Guba's model, I used a variety of methods to establish the truth value (credibility), applicability, consistency, and neutrality of the data in order to ensure trustworthiness of the data in this project (Krefting, 1999). These strategies included prolonged engagement, triangulation, peer examination, and reflexivity.

In order to increase the credibility of the data, I spent 1.5 years in the field as a participant-observer and interviewer. This prolonged engagement at the site allowed me to strengthen relationships with program staff and participants formed in earlier work at the site while building new relationships with program participants. As part of the FASIT study, I spent six months at the site in 2010 facilitating life skills presentations, attending program advisory board meetings, and conducting interviews with young men enrolled in the program. This prior experience paired with additional immersion in the site positioned me to better identify themes and patterns in the interview data (Krefting, 1999). Detailed field notes were taken during periods of observation and all interviews were digitally recorded and transcribed. During data analysis, selective coding, in particular, participants' words were used to support a thick description of the data and to ensure the voices of the participants were represented in the data. This enhanced the credibility, applicability, and dependability of the data (Krefting, 1999).

Multiple methods of triangulation were used to enhance the data quality of this study. Triangulation of data sources was used to obtain data on young men's experiences of trauma and loss (e.g. young men, program staff and other program participants, and

media via local print and online periodicals containing records of Baltimore homicides and Facebook) and triangulation of methods was achieved through participant interviews, participant-observation, and adapted life history calendar techniques (e.g. chronologies of loss). RAs were also used to help establish triangulation of investigators. As the data was being coded, I regularly processed the insights drawn from the data and compared this with the observations the RAs were making within the data during weekly research team meetings. Taken together, these methods of triangulation increased the credibility and confirmability of the research data (Krefting, 1999).

During data collection and analyses, I periodically engaged in peer examination with my colleagues to process my observations in the field and in the data. These colleagues included a social worker directing a complicated grief clinic in New York City and researchers who formerly worked on the FASIT project with me in Baltimore. Together, their depth of knowledge around these topics and/or research experience working with marginalized young men, these colleagues provided important feedback about themes I observed in the data. This was especially useful during the selective coding phase of data analysis as I worked to develop a core story about the research findings. This strategy supported the credibility and dependability of the study.

**Reflexivity.** Finally, in order to maintain the credibility and confirmability of this project, I regularly engaged in a reflexive process to examine the ways in which my social position and personal background and history of loss might be shaping the data collection, interpretation, and analyses (Daly, 2007). My social position(s) as a Black woman in my late-twenties with a post-secondary education shaped my experiences in the field and my interactions with the data. Age and race provided points of commonality

from which the participant and researcher jointly identify, whereas, gender and educational level created discrepant points in our lived experiences. During previous research at this field site, my outsider status as a woman in part, afforded me the opportunity to interview select young men stemming from an interest in interacting with a young, attractive woman who appeared to be in their age.

During the pilot study for this project, I perceived my age, gender, and physical appearance as a challenge, in that I felt the need to gain the respect of the participants so that I would be taken seriously as a researcher. Consequently, I took effort to dress professionally during life skills curricula presentations and relaxed but modest during individual interviews with young men. I continued this during my initial weeks back in the center for the current project. However, in a matter of weeks I learned that my continued presence in the site and relationships with key program members (e.g. program members that were respected by a large group of center participants) quickly earned the respect of program members. While select young men in the center would jokingly or intently inquire about my relationship status or ask if they could treat me to meal so that we could get to know each other more, once boundaries were clarified, young men honored my position as a staff member of the SUP program. Young men also were very protective of me, often ensuring that I got to my car safely when exiting the building during the winter months when I left the building after sunset.

During interviews and informal interactions with young men outside of group, I worked to minimize my perceived power connected to education/class through my conversational style. I did not labor conversation with much academic jargon but rather spoke in relaxed conversational tone, much like I would with my family and friends. I



also participated in quarterly Open Mic performances where I read poetry or participated in line dances with program members to the music played by a DJ who volunteered at the center for the Open Mics. This helped me to be perceived as approachable and relatable.

As a researcher, my personal experiences of multiple losses inform this research inquiry. In the past decade, I have lost 11 loved ones, two of whom were in my peer group. In 2001 and 2007, my cousin Marc and my friend Willie respectively were murdered. These two young men were both African American males who were killed as a result of community violence. Both deaths were completely unexpected and were devastating for our family and friends, especially their brothers. Additionally, over the past two years, the amount of youth violence has rapidly escalated in my hometown. Since the beginning of 2011, I have had two childhood friends experience life-threatening injuries as a result of community violence and three young Black men have been killed in this community. This engendered a strong concern for issues of violence and loss in low-income communities that inspired my interests in this work.

As a researcher and interviewer, my personal experiences and insider status as a homicide survivor equipped me with empathy for the stories shared by young men while simultaneously providing insight about the processes and patterns emerging from the data. In many instances, young men's knowledge of my experiences of traumatic loss also facilitated participants' willingness to share about their personal experiences of peer homicide. However, it was important for me to carefully monitor this part of my self so that my personal grief did not become the filter through which I solely interpreted homicide survivorship among this sample. To keep track of this process, I monitored my paths of inquiry during interviews (e.g. am I listening for my own reactions to loss in

interview responses or am I attentive to their unique experiences?) and wrote reflexive memos about this process.

I also brought a specialized skill set to my role as a qualitative researcher. I am a Licensed Graduate Marriage and Family Therapist (LGMFT). Daly (2007) cautioned clinicians to carefully monitor their stances as researchers and clinicians during interviews. However, managing my identity as a clinician while exploring issues of trauma and loss proved to be a challenging endeavor as the topic is inherently linked to mental health. Additionally, because I worked closely with the center's mental health clinicians, participant perceptions of my role as a counselor within the center was often confused. Consequently, young men occasionally expected my responses to their sharing to be the provision of advice. In order to address this, I consistently directed the young men to the mental health clinicians of the SUP program and alerted the mental health clinician to schedule check-in sessions with participants.

During interviews, I did not find my training as a clinician to present challenges that impacted the interview dynamic. I largely found my professional identity as a clinician benefited me in several ways. It helped me to: 1) reconsider ways of framing questions to access information not shared with originally scripted protocol questions; 2) be empathic during interviews; and, 3) quickly establish rapport (tone and mimesis) and create an environment/interactions that help young men to open up about their experiences of trauma and loss. The primary challenge I encountered as a clinician-researcher was my delineation of roles often left me unsettled about not offering strategies to help interviewees cope with loss. Participant referrals to the weekly loss and grief group and to the SUP mental health clinicians who were positioned to do the work

of therapy with young men helped address this concern. Reflexive memoing was used to monitor of this balancing act of identities. Taken together, regular monitoring reflexivity across these areas increased the credibility and confirmability of the data.

### **Methodological Note**

**Vicarious trauma.** Vicarious trauma refers to a secondary traumatization that occurs when “an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into his or her own functioning” (Wendt Center for Loss and Healing, 2011). As a mental health clinician, it is my responsibility to inform you that reading the stories of participants in this study can create an experience of vicarious trauma. Therefore, it is recommended that you closely monitor your internal experiences as you read through these data, taking care to allow breaks from the content when needed. The enclosed footnote directs you to a helpful resource<sup>2</sup> for persons who are secondarily exposed to trauma through the stories of others. Please review this resource and apply the given strategies as needed throughout your reading of this study’s findings.

**Participant quotations.** In step with a modified grounded theory approach, direct quotations are included throughout the paragraphs of the findings chapters. In some instances brackets [ ] are used to insert words to help make the quotation more readable (e.g. decedent pseudonyms in place of pronouns). Additionally, ellipses are present with varied function. In some instances they represent true pauses in the participant’s

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<sup>2</sup> Vicarious Trauma: Helpful Resource <http://www.wendtcenter.org/resources/for-professionals.html#vicarious>

articulation of his responses. In other instances they represent a collapsing of text so that the main point of the participant is concisely, yet accurately represented in the paragraph.

## **Chapter 4: An Introduction to the Complexity of Homicide Survivorship for Young, Black Men in Urban Contexts**

The lived experiences of young Black men, specifically related to homicide survivorship, involve a high degree of complexity and an array of interrelated concepts and themes. Young men's recovery from peer homicide is grounded in the context of chronic exposures to violence across the life course. These exposures, both in the forms of witnessing and experiencing, create early experiences of trauma that accumulate across the life course and interact with any singular incidence of peer homicide to shape how young men grieve and respond to loss. The minority of young men in this sample ( $n = 6^3$ ) experienced one or less homicide death. Consequently, trauma and grief from each individual experience of peer homicide also interacts with subsequent experiences of traumatic loss, often complicating young men's abilities to grieve.

However, young men's experiences as homicide survivors and their grief processes cannot be fully understood or appreciated without also considering their specific location in context. Poverty and disadvantage in Baltimore City (e.g. educational inequities; overcrowding, residential segregation, and countless vacant houses; unemployment and underemployment; underground economy; easy access to firearms; gangs; and discriminatory and abusive police practices, etc.), maintained by structural violence in the United States (e.g. racism, classism, economic policy, politics, etc.), is the loom on which threads of violence, trauma, and loss are weaved throughout the life course for young Black men. These structural and social factors generate multifarious

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<sup>3</sup> 3 of the 6 did not experience a traumatic loss as result of homicide and their narratives of loss are excluded from grief-focused analyses.

patterns of exposure to violence and traumatic loss that create complex tapestries of vulnerability and survivorship.

Young, Black male homicide survivors living in Baltimore City remain embedded in unsafe neighborhoods. Ongoing threats to their safety complicate young men's ability to heal and fully recover from experiences of traumatic loss resulting from peer homicide. Consequently, the struggle to construct and maintain physical and psychological safety remains a consistent priority and is often heightened by experiences of traumatic loss and grief. Limited accessibility to mental health services, client's cultural suspicions of therapy (Boyd-Franklin, 2003) that are shaped by a history of racial and class oppression in the United States, and a gendered reluctance to engage with therapy further compromise young men's resources for addressing trauma, loss, and grief. When combined with a social stigma of utilizing mental health services and clinical frameworks that are not equipped to consider the multiplicity and complexity of their experiences of trauma and loss, we find a group of young men who independently strive to "deal with it (traumatic loss) in [their] own little way" (J.R., 23 years old, Striving for Upward Progress (SUP) Member).

This dissertation serves as first step toward describing, disentangling, and theorizing about the experience homicide survivorship for young, Black men in low-income urban contexts. The following case example of Redz introduces the complexity of homicide survivorship explored throughout this dissertation. In this example I move across the life course, paying specific attention to experiences of exposure to violence, trauma, traumatic loss, grief and the contexts in which they are embedded.

### **Case Example of Complexity: Redz' Story**

Redz is a 19-year-old, member of the SUP program. In 2010, at the persistent recommendation of his grandmother, he enrolled at SUP with the goals of obtaining his GED and finding work. Since then, Redz has maintained consistent engagement with the center, with an occasional period of disconnection, due to interaction with the criminal justice system. He is a tall, young man with a scruffy mustache and goatee that frame his coy smile and add character to his southern twang that he managed to maintain since leaving Atlanta for Baltimore when he was a young boy. When Redz was 8 years old, he moved to Baltimore City with his mother who relocated to help care for his grandmother who had taken-ill. Redz loved almost everything about his years in Atlanta.

Oh my God, it was lovely! It was like one of them neighborhoods that, you wake up and you come to the door—just that first morning breath and all that and you see your neighbor down there. I had this neighbor named Mrs. H. and she would fix the best breakfast in the world. Every morning she'd be like, "Baby you want something to eat?" And I'm like, "Yes, what you fixing this morning?" "Some grits, some eggs, bacon, sausage." I'm like, "Alright, I'll take bacon and all that," you know what I'm saying? It was a lovely neighborhood. We always had unity around there. Everybody stuck together and if you needed something from another family or the neighborhood, it wouldn't be no problem getting it and it wouldn't be no talking behind your back, "oh this lady..." this, that, and the third...Not too much trouble. You heard gun play a lot but, yeah, not too much trouble. It was a certain part that you had to go into to see what you don't want to see. And if you go in that part, yeah, it will change your whole life. Pretty much it was cool. Copasetic. I loved it around there.

Although violence was present in his Atlanta community, Redz' played within a safe distance that facilitated his ability to engage in childhood excursions like collecting grasshoppers with his friend in a neighborhood field close to the hood, but not in it. However, one afternoon, violence crossed this constructed boundary, violating the protocol and spatial jurisdiction of safety in which Redz was careful to operate in his daily life. On this day, this 7-year-old's life would be forever changed.

I done seen some things at 7 years old that a 7 year old wasn't suppose to see. I done seen a cop get shot and killed right in front of me. I was walking to the store just to go get me a bag of Cheetos...I goes to the store, come out chewing my chips. I see Yo<sup>4</sup> running. I see him running out the alley. He looked and he turned back that way. BOOM! He's down. I saw it. He saw me. The dude, I knew the dude, and when the police—I got interrogated and all that and never told who dude was or none of that. The police scoped me and shit cause they had a camera or something on top of a light pole. They scooped me up there, interrogated me, and I couldn't, it wasn't too much I could say. "Cause he got shot!" That's all I could say. [The dude] came to my face the next day and gave me about \$1,200 just for not telling on him. And I'd say he paid me off for not telling and that's about it. That's where it started from...

Redz described this experience of witnessing violence, particularly of witnessing homicide, as the first major turning point of his life. He perceived bearing witness as offsetting the course of his prospective developmental and life course trajectories. He explained how he believes the trauma of witnessing the murder of a police officer and then being paid for not revealing the identity of the shooter impacted him psychologically, educationally, socially, and ontologically.

How would I describe it? Fucked up. Fucked all the way up! Man it messed—that messed my head up. I'm not right, right now! If, I never saw that, I'd have probably been still in High—I would have probably been out of High School on my way to college playing football or basketball if I hadn't saw that. If I hadn't saw that, yeah, I'd have probably been somebody *gooder* than what I am now. I probably wouldn't know the people that I know. I probably wouldn't do the things I do. *You not supposed to see no murder at a young age.* You not supposed to see a murder, period. What's the point of that? I mean I done did some reckless stuff in my life like that but...you can't take no life. I could not...A life is precious. It's a life. You supposed to live to the fullest. I mean until the day you—it's not, it's not something you want to see...it's not. Not something you want to see at all.

Redz did not question what his life might have been like had he not witnessed this shooting. He spoke with a confident assertion that witnessing this single act of violence significantly disrupted his mental health, his successful matriculation and consistent engagement with the educational system, his social network and consequently, his social

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<sup>4</sup> Yo is a Baltimore term synonymous with dude



capital. In addition to the cumulative disadvantages produced by the contexts of poverty and oppression, the accumulation of trauma over the life course creates additional challenges for young men like Redz as they struggle to grow, develop, and to transition to adulthood in their toxic environments. His reflection on this first experience of witnessing violence also revealed what Redz sometimes struggles to believe—that he is a good person whose many adverse and traumatic experiences have shaped his choices, some of them poor and some of them regrettable.

At 7 years old, this would not be the last time Redz witnessed violence. This would not be the last time Redz witnessed a homicide. Shortly after, he moved to Baltimore City where he found neighborhood conditions that invited violence to be part of daily life. Blocks and blocks of vacant homes or “abandoned” homes, a term Redz used to describe vacant houses like the one he used as temporary housing during a period of homelessness, lined the streets of his new neighborhood. Liquor stores, carryout eateries, drug dealers, and drug fiends capped street corners.

His family relocated and settled in the Midway/Coldstream neighborhood of East Baltimore. Baltimore City data reports concerning the built and social environment of Midway/Coldstream paint an identical picture to Redz’ description of the neighborhood where he spent his school aged years, his adolescence, and where he is striving to transition to adulthood (Ames, Evans, Fox, Milam, Petteway, & Rutledge, 2011; see Table 4). According to the Baltimore City Health Department’s 2011 Neighborhood Health Profile (Ames et al., 2011), Midway/Coldstream is a smaller Baltimore neighborhood comprising 9,603 of Baltimore City’s total 616,802 residents in 2010. The majority of residents are Black or African American (96.1%); 74.3% of adults 25 years or

older have a high school diploma or less; 20.9% of working aged persons (16 or older) are unemployed compared to the 11.1% unemployed in Baltimore City; and 22.7% of families are living in poverty (Ames et al., 2011).

Table 4

*Built and social environment of Midway/Coldstream neighborhood*

**Vacant Lot Density**

The number of vacant lots per 10,000 housing units in Midway/Coldstream compared to Baltimore City overall (2009).

	Midway/Coldstream	Baltimore City
Vacant Lot Density	665.5	593.1

Source: Mayor's Office of Information Technology from the Real Property Dataset.

**Carryout Density**

The number of carry-out restaurants per 10,000 residents in Midway/Coldstream compared to Baltimore City overall (2009).

	Midway/Coldstream	Baltimore City
Carryout Density	19.8	12.7

Source: BCHD Open Food Facilities Permit/License Database.

**Corner Store Density**

The number of corner stores per 10,000 residents in Midway/Coldstream compared to Baltimore City overall (2009).

	Midway/Coldstream	Baltimore City
Corner Store Density	20.8	9.0

Source: The Johns Hopkins Center for a Livable Future.

**Alcohol Store Density**

The number of alcohol stores (Class A) per 10,000 residents of Midway/Coldstream compared to Baltimore City overall (2009).

	Midway/Coldstream	Baltimore City
Alcohol Store Density	7.3	4.6

Source: Baltimore City Liquor Board.

**Tobacco Store Density**

The number of tobacco stores per 10,000 residents of Midway/Coldstream compared to Baltimore City overall (2009).

	Midway/Coldstream	Baltimore City
Tobacco Store Density	39.6	21.8

Source: Baltimore City Comptroller.

Adapted: Ames et al., (2011). 2011 Neighborhood Health Profile Midway/Coldstream

Given these structural factors and social determinants of health, it is not surprising to learn that the incidences of both non-fatal shootings and homicides in the Midway/Coldstream neighborhood more than double those of Baltimore City (Ames et al., 2011). Of Baltimore's 55 neighborhoods, Midway/Coldstream ranks 55<sup>th</sup> (1 = Best) with regard to the health outcome of homicide (Ames et al., 2011). Disparate juvenile interface with the criminal justice system by way of arrest also exists, with a juvenile arrest rate of 220.2/1,000 residents compared to the city's juvenile arrest rate of 145.1/1,000 residents in the years 2005-2009 (Ames et al., 2011). Between his 8<sup>th</sup> and 18<sup>th</sup> birthday, Redz experienced each of these disparities in his new home of Baltimore City. Redz brings these data to life as he describes the Midway/Coldstream neighborhood.

It's vicious up there. It's savage as a mug... I mean, it's not, it's not California or nothing like that where you walk down the street and probably get shot or something. But, it's damn near close. If me and you was to walk up [there] right now, you would see a whole bunch of Unks. Unks are old heads or failures or something like that, and you'll see a whole bunch of Unks on the corner of my block sitting on crates and drinking. You'll see your Unks up there on the corner as you start coming down the block. You'll see your Unks down here sniffing dope or smoking coke or whatever and as you get farther down the block you'll start seeing the young guys that's selling the drugs and all that. Then at the end of the block, that's where everything is just like cool at, for real, that's where we chill at. It's a small block but it's pretty big around there... It's a one-stop-shop. You can go to the liquor store and get your drink, you can get your loose cigarettes, you can get your dope, your coke (cocaine), you can get your weed... you can get your pills, Percocet's, anything you want. It's a one-stop-shop. With the evening time, we got this crew who helps police officers aka "knockers" around our way that like to uh, basically hop out on us, harass us and all that. We couldn't, and we don't have to be doing anything, they'll just walk up to us, and pat us down, every, everyday... What is it like? Kinda nerve-wracking from time-to-time, make you [want to] pop one of they heads off real quick, but you get used to it as the years on. You know what to expect around there if you've been living around there for a minute. If somebody gets into an argument, it's a murder. It aint noooo, going knuckle to knuckle anymore, they want to kill something.

Redz quickly learned the deadly reality of his new environment through personal experience. Like the worst case of déjà vu, it was a mundane trip to the corner store that introduced him to the lethal violence in Baltimore City.

When I came, I remember it was the same thing, same thing! Homicide right around the corner as soon as I go to the store, dude body laying right there all bloody mess. I said, “Oh my God! What’s happening?!” Like I’m bout to—yeah! It’s nothing you can do about it. All you can do is just voice your opinion and sometimes, that don’t even work. What goes through my mind—the same thing that’s happening: Murder! Murder! Murder...all I used to think about was murder. It was a dark, it was a dark cloud in my head that had this one word in it: Murder. Murder...Came to Baltimore and started smoking [weed] when I was about 8 years old.

In the course of a few years, and in two distinct cities, Redz’ witnessed one homicide and found the body of another man who had just been murdered. This repeated exposure to violence, the multiplicity of this trauma, and inability to do anything to change his violent reality produced symptoms of posttraumatic stress. Untreated intrusive thoughts of murder clouded Redz’ 8 year old brain, largely contributing to his decision to try weed as a third grader. When asked how an 8 year old gets weed, he simply stated, “Certain dudes will do that. If it’s money involved, trust, believe certain people will do a lot of things for some money.” At 8 years old, smoking weed became a central coping strategy for managing his trauma symptoms that increased as his experiences of violence and trauma became more personal.

When Redz was 13 years old, he experienced his first direct, life-threatening, violent injury. Redz went to a club to party with friends. He began dancing with a girl unaware that her boyfriend was watching nearby. The boyfriend drunkenly approached Redz and confronted him about dancing with his girlfriend and they began to fight in the

club. Dissatisfied with the fight's end inside of the club, the boyfriend found Redz outside after the party and again confronted him, this time with a gun in hand.

“What’s all that tough shit you was talking now?” BOP, BOP, BOP! 3 shots. I didn’t know I was hit until I seen it, like I said, I got on the bus, I swiped my card, and the man was like, “Yo, look at your fucking leg!” I looked down and it instantly started burning and hurting. I fainted on the bus. The bus driver basically drove to Johns Hopkins with a full bus.

After realizing he was shot, Redz felt shocked, scared, and enraged. He felt shocked from the disbelief that at 13 years old, he was now a shooting victim. He simultaneously felt scared and enraged that someone threatened to rob him of the most valuable thing he owned, his life. He wanted revenge. The next time he saw the young man who shot him, he “beat the hell out of him.” He adamantly shared that he did not kill his aggressor, but that he beat him so badly that he ran off in fear that he had come close.

Despite getting revenge on the person who shot him, Redz was left to carry his new invisible wound of trauma. Even though the physical wounds from his shooting healed six years ago, Redz still re-experiences the trauma of being shot in his leg whenever he hears gunfire. He describes his traumatic reaction:

When I do hear gunshot[s], I gotta instantly grab my knee cause it hurts (referring to where he was shot). Every time somebody fire[s] off about 5-6 shots, BOOM, BOOM, BOOM, like my knee gets the throbbing. It hurts so bad I can’t stand it. And it’s like I feel as though I’ve been to Vietnam or something! And it’s crazy!

It is appropriate that Redz likened his posttraumatic stress symptom to a veteran of the Vietnam War, as it was through research and clinical work with Vietnam Vets that understandings of Posttraumatic Stress Disorder (PTSD) were formed (Courtois, 2004; Rich et al., 2009). It is through the narratives of the young men in this sample that our understandings of trauma PTSD will be expanded.

Like Redz, many of the narratives of the 40 young men in this sample sound eerily familiar to those of veteran soldiers returning from war. However, the clear distinction between men and women in uniform and this group of young, Black men in Baltimore is that veterans are returning home from acknowledged wars fought abroad. Young Black men in low-income, urban contexts are invisibly battling daily for resources, respect, safety, survival, and sometimes even territory on the very streets where they live, learn, work, and play. Yet, akin to the Vietnam Vets that Redz references, young men's invisible wounds of trauma (Mollica, 2006) and the casualties within their cohort of peers are often overlooked in the urban warzones of many American cities. Consequently, few resources are extended to help young men recover from their experiences of trauma. For Redz, smoking weed and carrying a pistol are his named recovery tools from his non-fatal shooting as a new teenager.

Two years later, in an effort to defend his cousin, Redz earned his colored uniform and flag to help his cousin fight in the local gang wars of Baltimore City. He started gang banging at age 15 in support of his cousin who was already a member of this gang. A few months later, his gang affiliation would result in a severe beating by a rival gang that left him hospitalized. He was walking down the street with his gang flag hanging out of his back pocket when he suddenly saw members of a rival gang approaching. By the time he realized the pending violence, it was too late to fight or even brace to fight. Several members of this rival gang "jumped" (simultaneously attacked) him. "They stomped me out...stomped a hole in my head...broke my ribs...they almost broke my leg, for real, but luckily it wasn't too much damage done to it...yeah, they put me in hospital." His injuries were so bad that his little sister who was "on a path to

destruction” got on the straight and narrow after witnessing the seriousness of his condition.

This was not the first time that Redz was jumped. A few months prior, Redz recounts getting “banked”<sup>5</sup> by rival gang members. However, on this occasion, members of his gang were nearby but did not intervene or come to his defense. This fueled distrust among his gang and in his relationships with his male peers generally. He began to distance himself from his gang and became “a one-man army”. He quickly narrowed his peer group to a small circle of friends who he learned through testing he could trust with his life. This group of peers he called brothers and these relationships were characterized by loyalty, love, and respect. “If you ain’t got no loyalty in life, you don’t really have too much, for real. Loyalty and love and respect. You gotta have them three.” These relationships were intense and intimate as young men risked their physical and psychological safety by battling it out for one another and by exchanging personal stories and information with one another—both rendering them vulnerable; both building trust.

Well, for me to say I love one of my homeboys, you gotta be *real close*, like you gotta actually been in some situations with me and shit. And the way you get my trust, you gotta show me that you aint no crud ball nigga. You gotta show me that you’re willing to ride with me and I’ll show you that I’m willing to ride with you. It’s a ride or die situation with me. I tell all my homeboys, “Yo, sure ready for that life that I’m living, for real?” And they was like, “Redz, I got your back no matter what happens” you feel me. Where as you, you already know what’s up. That’s how it is. I don’t got—I’d say, I got homeboys, you feel me...But if you actually see, like me crying over the simple fact that my homeboys got killed, that was my mother fucking brother.

Two of Redz closest peer relationships were with his cousin, Malik, and his best friend, Gideon. Beyond being brothers, Redz referred to each of them as his other half.

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<sup>5</sup> A local Baltimore term used often synonymously with jumped—meaning simultaneously attacked by multiple persons.

For cousins, Malik and Redz were extraordinarily close. He laughingly reflected on their struggles to play sports as asthmatic children. “Every time after a game, we’ll have a similar asthma attack, ya’ mean. Take the inhaler real quick!” Despite the realities of violence in their Baltimore neighborhood, Redz never imagined that it would prematurely end their relationship as teenagers. At 16 years old, just one year after his beloved grandmother died, Redz received a phone call that created major disruption in his life.

How did I find out? I was...in school...I was in school, I was taking a test and my sister called my phone while I was in class...everybody was in class when my phone rings off. It was a Gucci Mane song, uh, what was it? That Lemonade song. The one he be like “*Lemon*” it straight broke out in the class. Everybody get the geeking. The teacher is like, “I’m taking your phone, Redz.” And I’m like, “Hold on, let me answer this call real quick.” Answer the call with a smile on my face, and I said, “Hello, What’s up?!” She said, “Redz” with, with the cry voice and shit. I said, “What’s wrong, Yo?” She said, “Malik’s dead.” I stopped. I broke out in the classroom. I flipped my fucking desk over; I get the crying and everything in there. And my teacher asked me what was wrong. I said “My fucking cousin just now got killed.” He said, “You want to leave class real quick.” I said, “yeah.” I walked out of the classroom and I destroyed a lot of stuff in that school, destroyed a lot of stuff... When I came home, I flipped some more shit... and I went outside, flipped some more shit... I-I-I take out my anger on anything that’s around me... anything. I had a game the same day that uh I got that call... I had a game the same day and only scored 5 fucking points. 5 points. My [basketball] coach said, “What the fuck is wrong with you?” I told him, “My cousin just now passed away.” He said, “That’s the reason why you playing like you is now.” I said, “It might be, I don’t know.”

Malik was shot seven times—four times in his chest and three times in his face.

The trauma to his physical body prevented the family from having an open casket funeral. This devastated Redz and he longed to see his cousin’s face one more time regardless of how it looked. However, his demands were not honored and he felt robbed of this final goodbye. His family had a candlelight vigil to honor Malik and made T-shirts and bandanas ornate with pictures and wishes for Malik to “Rest in Peace” or “Rest in



Paradise.” These were especially significant to Redz who developed his own ritual of remembrance to honor his cousin/brother.

I wore his shirt and his bandana for about like, I’d say for about two months straight, two months straight. Everyday I’d come outside, I’d have the nigga on my heart or around my neck straight up, or on my head, it don’t even matter. The bandana go around my neck or my head and the shirt was always on my chest where my heart at, you feel me. So, I always, I always carried my mans with me nonstop.

Redz also carried the pain and the anger of the loss with him nonstop. When I asked him to describe the emotion he felt after his cousin was killed, he said “you can’t classify murder as being an a emotion, though. But that’s what I was thinking the whole time.” Homicidal and suicidal ideations raced through his mind constantly. His immediate and accessible coping resources of weed and violence were considered and utilized. “I did some little things after, after that funeral that I’m not proud of today and, and it’s still, it’s fucking with me. I aint gonna lie.” However, when the suicidal thoughts intensified, Redz reached out to his basketball coach who was like a surrogate father to him in lieu of his own father who entered Redz’ life in the same year that Malik was murdered.

Talked to my basketball coach about it and he really understood me too. He really did. Cause, I used [to] have, I used have a little bit of uh, uh, kinda like suicidal like...I-I-I had...the simple fact of the matter, I was like, “it aint even worth it being here right now no more,” for real. And then I thought to myself and shit for real I was like, nah, fuck it, I’d rather just go talk to somebody. I wanna go talk to my coach and he brought me back down to earth.

Three years out from Malik’s death, Redz still broke down every time he saw a picture of his cousin. He continued to struggle to adjust to present and future life without his cousin/brother in it. He struggled to reconcile the reality that his life “ain’t gonna ever be the same” without Malik, with his assertion that “you gotta get over it some time,”

which he admitted is hard to do. Occasionally, in an effort to cope, Redz imagined what Malik might say regarding a given moment. This is what he imagined Malik would say about his engagement in the research interview:

If I could talk to him right now, I'm pretty sure he would be like, "Redz, don't trip over me being gone man, cause we all gonna be here one of these days" and...and...I just take it as Yo just looking at me right now, for real, like, "I'm glad you're getting this off your chest," for real.

Like Redz, the young men in this sample carry experiences of traumatic loss with them. Despite their movement through many systems (e.g. education, foster care, criminal justice, etc.) most have never shared their experiences with any health professional before and some with no person before. Redz revealed his reasons for not disclosing his traumatic experiences as including a difficulty trusting others, a fear of judgment, and a concern that the listener could not handle his lived experience.

I done shared a lot with you, right now. I'm surprised I was even talking to you about it though. It's a good thing I feel comfortable talking to you though, cause I really don't get a chance to get a lot of things off of my chest for real, with certain people, because it's very hard for me to trust a lot of people. It's very hard...cause certain people can't take what I just now told you...I don't even know how you're gonna react when you go home, for real. Like, "this guy might be crazy."

Redz pressed beyond his concern of evaluation and continued to share parts of his experience.

Redz introduced his friendship with Gideon, his best friend who he considered to be his brother. Gideon and Redz were both from Atlanta and their families moved to Baltimore City around the same time. Redz and Gideon looked alike and were often mistaken for brothers. On top of this, they shared the same birthday. In 2010, just one year after Malik was killed, and two years following the death of Redz' grandmother,

Redz experienced his most intense experience of trauma and loss. He described the event in detail.

I lost my best friend due to...umm, I lost my friend for a—a shot that was meant for me. Me and my best...me and my best friend actually looked like we could be like brothers, like we actually looked alike and we was the same height and everything. And a dude mistook him for me and shot him up. He got hit with an assault rifle, so...he...that was another closed casket right there...I had to face his mother and tell her and tell her cause I was, I was with him when it happened. {deep inhale and then he speaks} I had to face his mother and tell his mother what happened. I drug his body about eight blocks to his mom's house on my back. He was still alive for about five of the blocks, but...I felt his heartbeat on my back the whole time...and after...it started slowing down about five blocks into it...and I had to try to run with him on my back. I knocks on the door and his mother said, "What the hell is that on your back?!" and she turned and she was like {he mimics her facial expression}...and then she just get the crying and shit. It-it was hard to explain something like that to somebody's mother and I was posed to be out there watching his back. She...she wasn't mad at me though, but I told her "the bullets was meant for me"...and she looked at me and like she, it was like she was astonished or something...like...it's like she wanted, she wanted to say "You son of a bitch" it looked like she wanted to say "You son of a bitch" or something like that...but...she said "the best thing you could have did was what you did just now, brought him back."

In this single event, Redz both witnessed violence and experienced traumatic loss.

Like a soldier dragging a wounded comrade to a medic, Redz carried Gideon on his back to his mother's house to call for help. He monitored the strength of Gideon's heartbeat on his back as he traveled eight Baltimore blocks to the house. As it weakened, his pace quickened and all he could think is "get this nigga to the house so we can call the ambulance and get him to the hospital." However, by the time Redz arrived at Gideon's mother's house, his heart was no longer beating and Redz was left to confront Gideon's mother, body in tow.

Redz became frustrated and enraged at his disbelief that the aggressor would shoot his friend that many times or at all, his inability to stop the murder, and his powerlessness to save his friend. Painful images of the violent death that Redz would

“rather not describe” often come to mind. This time, weed was insufficient in helping to manage the trauma and grief of Gideon’s death. Redz began popping pills like ecstasy and prescription drugs like Percocet in addition to smoking weed. He never drank alcohol but is confident that if he were a “liquor-drinker” he would be a drunk by now.

Following Gideon’s death, no one could talk to Redz to help him process the loss, not even his trusted coach. As Redz recorded Gideon’s death on his chronology of loss, Redz assigned the name “It’s Over” to Gideon’s homicide, signifying this turning point:

That’s when my life went downhill. After I lost that last person it was a wrap. It was a complete wrap. My *whole* life changed...I turned into a monster. I turned into a monster, yo. I ain’t give—I didn’t cut nobody no slack on the streets, none of that. And I don’t care about no repercussions, whatever. I don’t care about nothing coming back on me, karma or none of that shit. Fuck it! You feel me...turned into a thug! Turned me into a straight up G. I ain’t gonna lie. It, it made a nigga, it made a nigga heart cold as, cold as a glacier with a iceberg, whatever the fuck it is—it made my heart cold as shit. I had no emotions when that nigga died, I really didn’t. That was it. I was just a mug in a shell. That’s it. I always had my mean face on and I never showed no emotions. It ain’t have no fear, no sadness, none of that. It was just an angry emotion. And you can’t do nothing but be mad, for real, I guess...You’d see—every time you’d see me on the block they’d be like, “What’s up Redz?” I’d look at you like that or something and just like give you a head nod. You ain’t getting no handshake, none of that. I have no love or sympathy for these niggas out here on these streets no more, man. Nothing!

The traumatic loss and grief resulting from Gideon’s murder impacted multiple spheres of Redz’ life. Emotionally, he felt that his heart became like “a glacier,” similar to what Rich (2010) who found young men developed a “heart of stone” following traumatic exposures to violence. In an attempt to protect his heart from both pain and vulnerability, Redz avoided emotion and in many instances, numbed himself of emotion. Behaviorally, his willingness to engage in violence increased, yielding consequences for his social relationships. “People couldn’t stand me cause I was an asshole. I’d give people

hell all day, like...it was to a point whereas though people around my neighborhood was even scared to be next to me.”

Physically, he lost weight as his appetite decreased after the murder. He also stopped exercising and playing basketball, a clear signal to the people around him that something was not right with Redz. He rarely slept and reported getting one good night’s sleep out of the week. When he awakened, he sometimes heard the voices of his cousin Malik or his friend Gideon.

I still hear my cousin or my homeboy’s voice when I wake up in the morning like “Yo Redz,” calling me out my window “Yo Redz! Yo Redz!” I wake up, 5:30 in the morning, I wake up, goes outside, and it ain’t nobody there...and everybody in the house still sleeping and everything. And my sister wakes up and is like “Yo, what’s wrong with you?” “You ain’t hear nobody just now call me? I swear it sound like Malik just now called me. I swear it sounded like Gideon just now called me?”....It plays...It plays with your mind a lot...a lot...I don’t know, I really don’t.

Mentally, Redz worked to adjust to life without Malik and Gideon physically present. He struggled to construct meaning about these experiences of traumatic loss. Spiritually he questioned God asking, “Why would you let this happen?”

Although Redz struggled to process his grief and construct meaning about the deaths of his cousin Malik and his best friend Gideon, this effort did not prevent him from coming to terms with the conditions of violence in his Baltimore City neighborhood. His frequent, lifetime experiences of violence and traumatic loss and his chronic exposures to violence in his neighborhood are so interwoven in the fabric of his daily life experiences that they have become normative. These conditions have also forced Redz to confront the reality that he could die prematurely from violence or that he may find himself positioned to perpetrate violence. It has required him to “face facts.”

I ain't got no fear of dying right now, for real. Cause see, the things I see around my block it's normal now. If you see a body, it's normal. If you hear gunshots, it's normal... Yeah, it is. You see it so much that it start to be getting—it starts to become normal to you. It starts to become a part of your life, and you can't escape from it so it's just, there's no point in just running away from it, you just might as well sit down and face facts. You're gonna see a murder. And you might be in a murder. You might [be] a murder victim or you might be person that killed a person. So, I'm just saying. Cause people kill. Some people don't kill on purpose. You got mistaken, no you got accidental murders or murderers, they just flashing a gun around in your face, like "I'll kill your bitch ass" this, that, and the third, dude buck up on like him "you wasn't even about that life" dude grabs a gun and BOOM, you're dead. What can you do about it? It's average, it's normal now.

Redz's narrative uncovers the cognitive processes connected with living in a context of chronic violence. The frequency of exposure coupled with few resources to relocate and little power to effect broader systems change often requires young men to confront, adapt, and respond to the reality of the seemingly intractable violence in their communities. This is not simply a fatalistic approach to life, but one grounded in the existential actualities of lived experience.

Connected with the challenge of confronting the reality of violence within the micro-context of their neighborhoods is the task of managing chronic adversities (e.g. racism, discrimination, and poverty; Rich, 2009) perpetuated by structural violence. Differential handling of murder investigations in Baltimore City versus Baltimore County, daily targeting and harassment by the police, and decades of persistent disparities across the social determinants of health and in the specific health outcome of homicide communicates to young, Black men that the broader society does not value or appreciate their lives. Redz couples these macro and micro-level realities with his reflections of the perceived values of broader society and the related implications for his life and his future.

And they stereotype me as being, like, I'm nobody, for real. Like, if they say the average hood kid, like somebody that's from the projects or something, like me or something—they say the average kid like me ain't gonna make it to see 21. And

I'm trying to tell you, once I hit 21. I'm going off! I'm gonna party it up! Yup, I'm gonna do my thing, cause, I never really thought I'd actually see 19, for real. I was happy when I turned 19.

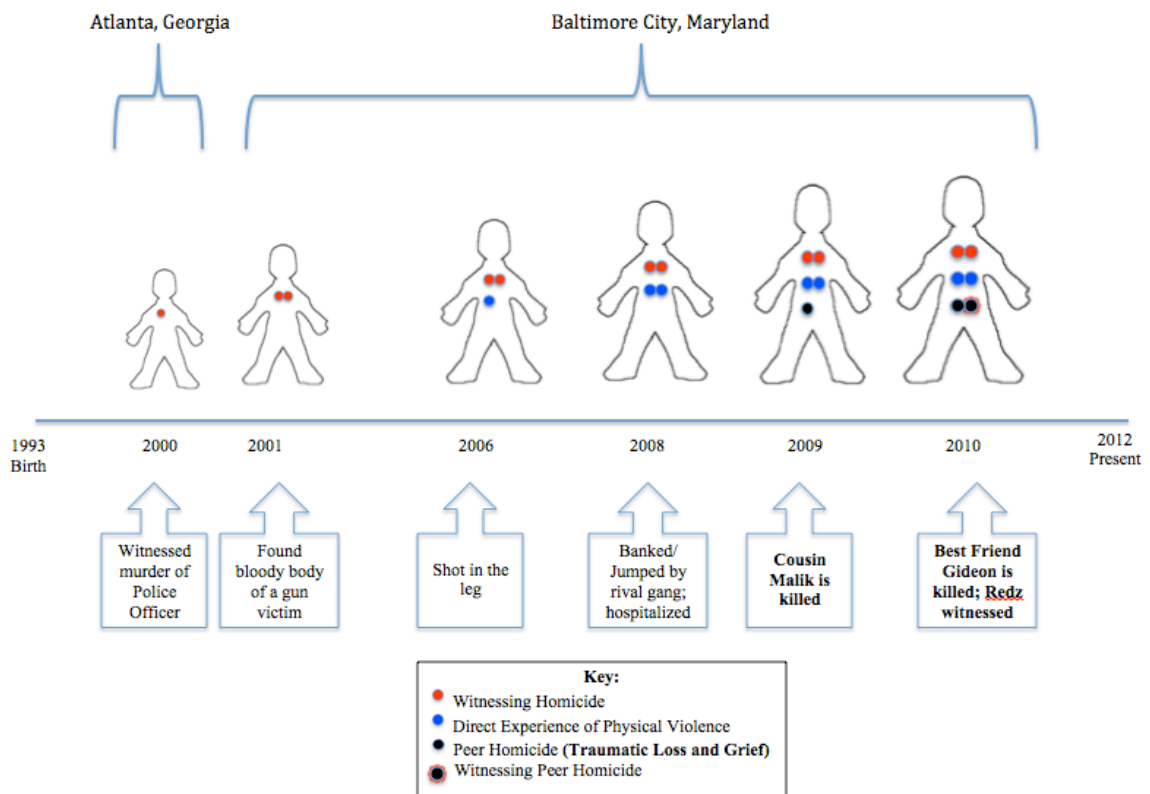
Structural violence, exposure to lethal neighborhood violence, and surviving the traumatic loss of peers converge to shape the belief adopted by the majority of young men in this sample: Young, Black men do not live past 16, 21, or 25. Although the specific age of perceived life expectancy varies within the sample, almost universally acknowledged is the reality that they could die prematurely as a result of violence. No single young man in this sample expressed a desire to die young. Like Redz, most look forward to reaching and exceeding the age of perceived risk of homicide death and they set goals contingent upon their survival. Redz overarching goal is to “get myself all the way together” which includes his immediate goals of obtaining his GED, securing employment and finding a quality partner who will encourage him to be a better man. In the face of his many challenges, it is the smile of his 2-month-old niece that gives him hope. “When I go home and I see my niece face, and I have like a semi-bad day here, every time I see her laugh, it makes it all worthwhile, for real...I'm gonna take care of that little girl like she's mine or something...That's my motivation right there.”

### **Disentangling Complexity in Order to Understand Survivorship**

The case example of Redz demonstrates the importance of taking a life course perspective when examining violence, trauma, and grief in the lives of young, Black men. His story also demonstrates the necessity of examining how the specific context of place is a critical contributor to the frequency and nature of exposures to violence, accumulation of trauma, and experiences of traumatic loss and grief resulting from homicide. Over a 19-year period, Redz experienced six noted traumatic events connected

to the conditions of violence in his urban contexts. This does not include indirect and less extreme exposures to violence in his everyday life in the forms of witnessing or experiencing. For Redz, the progression of exposure moved from witnessing, to experiencing, to surviving the traumatic loss of peers to homicide (See Figure 3).

*Figure 3.* Accumulation of violence related trauma, traumatic loss, and grief across the life course



Four of the six traumatic events happened prior to his first traumatic losses, yet they provide a critical context for understanding the impact and consequences of these losses. For example, his experience of violent victimization at age 15 changed the nature of his peer relationships, narrowing his circle of peers to a small group and intensifying his relational bonds with the friends he considered “brothers”. This context helps us to understand the magnitude of having two of his small network of brothers murdered.



Additionally, his early exposures to lethal violence and the subsequent trauma resulting from these experiences help us to understand his use of substances in an effort to manage symptoms of posttraumatic stress. Consequently we see the importance of examining the conditions of and exposures to violence in Baltimore City and the trauma responses of the young men in this sample as essential to understanding how young men process, grieve, and recover from peer homicide in the context of chronic threats to their own mortalities.

The following chapters of this dissertation will attempt to disentangle the complexity of homicide survivorship for young Black men in Baltimore who have experienced the traumatic loss of peers to homicide. Chapter five describes the chronic, unpredictable, and lethal nature of community violence in Baltimore City as experienced by the young men in this sample. Young men's exposures to violence and interactions with police are explored and vulnerability is uncovered. The trauma resulting from exposures to violence and the challenge of constructing safety in an unsafe environment are also explored in chapter five.

Chapter six examines the incidence and prevalence of peer homicide and traumatic loss across the lives of young, Black men. Aggregates of homicide deaths were determined using adapted life history calendar methods (e.g. chronologies of loss) and variation within these data is explored. Case examples of three young men's experiences are provided to give story to these data.

Chapters seven and eight outline a contextually relevant, trauma-informed framework of homicide survivorship for young, Black male survivors of peer homicide. In chapter seven, the first two dimensions of peer survivorship (grief and vulnerability) and their related processes are explained. This chapter will also uncover the emotional,

mental, and behavioral experiences of young men as they grieve the deaths of their peers while describing the collective and idiosyncratic grief rituals of participants and their community networks.

The findings will conclude with chapter eight, which describes the latter two dimensions of peer survivorship (coping and recovery) and explores their related processes. This chapter also explores the resources and recovery strategies of young men as well as the unique challenges they experience in their efforts to adjust to life without their deceased peers, construct meaning about the deaths, and to move forward in life. An examination of the presence and impact of posttraumatic stress symptoms (e.g. arousal, avoidance, and re-experiencing) will be discussed throughout each chapter of the findings. Finally, chapter nine will discuss how these findings contribute to our knowledge about violence, trauma, and loss among young, Black men in Baltimore City and the implications of these findings for research, practice, and policy with homicide survivors in urban contexts.

## **Chapter 5: Unsafe Neighborhoods: Anything Can Happen in Bodymore, Murdaland (Baltimore, Maryland)**

Baltimore City, Maryland has many nicknames. Perhaps the most infamous nickname for Baltimore is “Charm City;” a handle given the city in 1975 as part of a creative strategy commissioned by Mayor Schaefer in partnership with Baltimore’s top advertising executives to redeem the city’s unfavorable image (Sandler, 1995).

Baltimore’s motto further proclaims it to be “The Greatest City in America” and this declaration is etched in wooden park benches visible throughout the city. However, Mekhi, a 20-year-old father and SUP graduate, introduced me to a lesser-promulgated nickname for the city: “Bodymore, Murdaland.”

At the corner of Oliver and Bethel Streets in East Baltimore, just two blocks from where Mekhi, his mother, and his 6-year-old brother witnessed one of his best friends be murdered on a Saturday morning as they walked to the store, stands a vacant building whose bare brick wall used to showcase graffiti that offered a counter narrative to the motto adorning the city’s park benches. Originally tagged, “Body-More, Murdaland,” these three words boldly declared the unavoidable reality that Baltimore’s young, Black men are most intimately familiar with: frequent and deadly neighborhood violence. Popularized by its appearance in the opening credits of the television series *The Wire*, the graffiti was subsequently removed from the building by the city in its continued effort to preserve its reputation. However, as Mekhi and the other young men in this sample acutely know, no moniker or material covering could mask the reality of violence and homicide in Baltimore, City.

Informed by the life course theoretical concepts of location in context, linked lives, and agency, and considering prescriptions of masculinity (hegemonic, cultural, and contextual) this chapter describes the chronic, unpredictable, and lethal nature of community violence in Baltimore City as experienced by the young men in this sample. In the first section (Place), participants' histories of exposure to neighborhood violence are briefly surveyed with careful effort to convey the variation of experience within what young men explain as the mundane reality of living in Baltimore City. Statistical reports of violence in Baltimore City are threaded throughout young men's narratives in order to provide a more comprehensive and contextualized understanding of the chronic threat to mortality that young men daily confront in their Baltimore neighborhoods. In the second section (Police), young men's narratives of exposure to violence are broadened to include encounters with the police as dual agents of violence protection and perpetration. Taken together, sections one and two will uncover the vulnerability of this group of young Black men and suggest trauma as a lens through which young men's responses to community violence and peer homicide can be appropriately interpreted in the following chapters. This chapter concludes with section three (Safety), which explores how young men exercise agency in their efforts to construct physical and psychological safety in unsafe environments.

### **Place Matters: Life Course Vulnerabilities to Violence and Trauma**

Across interviews, young men consistently articulated the chronic conditions of violence in their Baltimore City neighborhoods (See Appendix H). When asked to describe their neighborhoods, they would often begin and end their replies with "It's Baltimore," suggesting an implicit understanding of the persistent presence of violence in

the city. When I asked Santana to decode “It’s Baltimore” he simply replied “Guns. Drugs. People getting locked up. People selling weed. People getting shot.” Although young men’s neighborhood descriptions varied in the frequency and lethality of violence in their respective blocks, the threat of violence remained reliably local.

Carl admitted that the violent activity where he lived was tolerable. Yet as he continued to paint a fuller picture of his block, a more complicated neighborhood environment emerged.

Yeah, in the block that I live in it's quiet. You don't see really too much. But on the other side of the street, where the traffic is, you see a whole lot. People fighting, people cussing each other out, people’s car crashes, and traffic backed up and all that stuff...so I move myself out of that situation and go in the house. I really don't bring my brother outside unless my mother says he can go outside because...it's a lot of negativity in the neighborhood. I don't want the kids to be exposed to that situation.

Variations in exposure to violence and safety can vary even within a particular block in Baltimore. For young men like Carl who may live on a side of the street that is relatively safe, this perception of safety and protection from violence is undermined by the threat of violence just across the street, impacting how, when, and with whom young men navigate their Baltimore communities. In Baltimore, vulnerability to trauma is connected to place.

Raphael, a 22-year-old father of a school-aged daughter, was grateful to spend the later part of his adolescence living with his mother and brothers in Southeast Baltimore where the distance from direct exposures to violence exceeded that experienced by Carl and his brother.

It was okay. It wasn't like a—well it was a violent neighborhood. But at the part we were in, we didn't get to see all of that. It was probably like a couple blocks up the way where all the violence was. You could like hear the gunshots and hear the police sirens and stuff. Nothing I couldn't handle.

For Raphael, a few blocks created a cushion from direct exposures to violence by way of witnessing or experiencing that helped Raphael perceive the conditions of his neighborhood as manageable. However, the distance could not silence the echoes of gunfire and police sirens that reminded Raphael of the continued, proximal reality of violence and trauma in Baltimore.

Young men who are not directly exposed to daily violence in their neighborhood blocks often hear stories about the aftermath of recent violence from friends or community members dwelling in nearby neighborhoods. Matt (19 years old) resided in a neighborhood unlike where he grew up and where his son presently lives. He laughingly described how peaceful it is in his present neighborhood compared to the housing project where he grew up: “It’s peaceful. You’d probably just see a whole bunch of birds just flying around the whole community. It’s clean out there. It’s a nice environment. It ain’t rowdy. It ain’t a lot of people. Everybody gives each other respect.”

However, when he goes “down the hill” to visit or pick up his 1-year-old son, greetings and general conversations with acquaintances quickly become a telling of the neighborhood’s weekly obituary. Matt described the violence in his former McElderry neighborhood and the weekly reporting he hears when enters this community.

Like throughout the past, five or six months, it’s been I can say over fifteen shootings and probably more than fifteen killings. There’s been a lot. If you go down there, like for instance when I got here to go pick my son up from down there, like I could just be walking and somebody will just “Oh, you know such and such that we used to go to school with got killed?” or “You know, you know the girl from the school that we used to go to got killed?” or whatever. “Or the girl that used to work on my job” or something, anything. Like that’s what you’ll mainly be listening out for or that’s what you’ll mainly hear at least two to 2-3 times out of a week. Yeah—that’s what you going to hear somebody saying. “Oh yeah you know such and such got shot or such and such in the hospital or...” It just be too much down there.

I asked Matt what it was like to hear that two-three times a week, one of his former classmates was murdered. Despite his relatively safe new environment, he confessed, “I don’t feel comfortable. I feel like the world coming to an end. It’s getting worser and worser. Stuff is getting crazy. It seems it’s getting worser and worser everyday.” These descriptions offered by young men are consistent with the reports of lethal violence provided by local news publications, which recorded 181 fatal shootings and 18 fatal stabbings in Baltimore City in 2012, an overall increase in homicide from 2011 (The Baltimore Sun, 2013). Consequently, young men are constantly at risk for witnessing or personally experiencing violence and trauma in their neighborhoods.

As a child, Duane found dead bodies in his neighborhood “down the hill” at the same rate Matt heard about his peers dying there, two-three times a week. He described growing up in the 90s and living in what he experienced as the worst part of Baltimore. For Duane, normative childhood attempts to visit the park or enjoy the local pool were interrupted by rigamortis, creating an awareness of homicide for him as a young boy.

See majority of the times it be like the park [and] the swimming pool. It was so many times we went down there and try to get in the pool and every time we went down there it was a body in the pool. That was always.

At seven years old, Duane’s attempts to go swimming in his local pool were halted by dead bodies that beat him there. In communities, swimming pools create social gathering spaces for people across generations to interact for sport, leisure, relaxation, and rehabilitation. In the hot summer, they are hubs of fun for children looking to escape the heat. However, like Duane, his pool was situated in a context of chronic violence and structural disadvantage, which meant no space was fully immunized from the deadly reality of violence in Baltimore. Duane admitted that the first couple of times he found a

dead body during play he felt shocked and scared. However, as his encounters with the dead happened more frequently, he shared, “It just ‘came apart of life. People gon’ die and like you start realizing where you at.” At seven years old, homicide became a part of life for Duane, a part of life that he connected with his situated location in Baltimore City.

Ramel, a 22-year-old father of a young daughter, a Baltimore native, and lifetime resident shared his frustration with the persistent threat of violence in the city.

Where I grew up at, it’s just the worst...the worst parts of Baltimore... Baltimore is nowhere near as big a city as Detroit or New York City. But for the longest, how long was Baltimore ranked number one in murders? And you talking ‘bout the Motor City and Big Apple and they not ranked number one in murders but Baltimore is? Small little old Baltimore? I can walk the whole—I’ve walked the whole Baltimore in two days. Try doing that in New York City or Detroit. That’s not happening! Not in two days! But in Baltimore I can walk in two days and we have more murders than the biggest cities.

While Baltimore may not have a higher murder rate than Detroit or New York City, it certainly comes close, following just three slots behind 2<sup>nd</sup> ranked Detroit in America’s deadliest cities in 2012 (Galik, 2012). However, in the neighborhoods where Ramel grew up (Park Heights) and presently resides (Greenmount), it certainly can feel like Baltimore takes the top spot. According to the 2011 Neighborhood Health Profiles (Ames et al., 2011), Park Heights and Greenmount East respectively rank 48<sup>th</sup> and 47<sup>th</sup> out of 55 on the health outcome of homicide, placing both neighborhoods in the least healthy third of all Baltimore City neighborhoods on this health indicator.

Ramel’s description of growing up in the Park Heights and Greenmount East neighborhoods mirrors these data:

I grew up all the way until I was 9-10 years old, I lived in Park Heights. It’s like the worst part of West Baltimore...like you got murder then you got about like the highest rank in AIDS/HIV epidemic over there. It’s ridiculous. Then when I



moved from over Park Heights, I've moved up Greenmount. I've always been back and forth from Greenmount and Park Heights my whole life...Like now, you ride up Greenmount, there's a police car every other corner. You get shot in broad daylight, nobody care. Like what was it last year, year before last? The dude got shot in broad daylight and he was walking down the street with his child and his baby mother in broad daylight and got shot.

As Ramel detailed, neither daylight nor the company of a partner or child immunizes young men from the lethal transmission of violence, nor does it protect young people from witnessing violence and experiencing trauma. Historically, navigation of space during daytime hours was a sure strategy to help protect community members from the threat of lethal violence. While this strategy is still necessary and helpful in certain neighborhood sections like Greenmount, Cherry Hill, or as Charles (18 years old) warned, the Reservoir Hill neighborhood near a housing complex dubbed "Murder Mall," what it more broadly reveals is the persistent vulnerability to violence experienced by young Black men in Baltimore.

The descriptions of chronic violence in or near young men's neighborhoods across Baltimore City further affirm that being exposed to or becoming a victim of violence is not simply a circumstantial matter of being in the "wrong place at the wrong time." Instead, it is a function of being born and raised in the wrong place at the wrong time—factors that young men have little control over. Although young men partly associated the violence with neighborhood crime such as robberies and drug dealing, young men also readily acknowledged that the violence in their neighborhoods not only placed the physical safety of involved parties in jeopardy; it also rendered uninvolved young men vulnerable.

Jesse (20 years old and a recent graduate of the SUP program) realized this as he attempted to explain what being in "the wrong place at the wrong time" meant.

Like, say somebody arguing and you just happen to be walking up the street and they start shooting. The bullet doesn't have anybody's name on it, so you might get shot. That's you being in the wrong place at the wrong time. Like I know a couple people that got killed like that...well it could still happen...people just start shooting, cause anywhere in Baltimore, to me is like the wrong place, at the wrong time, because no matter where you go people can shoot.

Jesse's personal realization clearly connects place and health. In his daily life, his susceptibility to violence is largely connected to his residential address. Consequently, sustained vulnerability to neighborhood violence and trauma is not simply a matter of behavioral choice and happenstance. Though behavior is an important contributor, it is a fundamental matter of chronic exposure to structural violence (e.g. unequal policies and systems that maintain disadvantage and facilitate disparity).

In neighborhoods that consistently score poorly on the social determinants of health, the wrong place can be any place outside of your front door, and in many instances, behind it as well. As Adam (19 years old) bluntly stated, "I could just walk outside and watch somebody get killed." Yet for young men like Santana, Carl, Raphael, Matt, Ramel, Charles, Jesse, Adam, Mekhi and Redz this is not a new realization, but one that has been discovered over time and affirmed by lived experiences of witnessing and experiencing violence firsthand.

**Witnessing violence.** Since early childhood, the young men in this sample have recorded memories of witnessing violence in their neighborhoods. For many, violence was so frequently a part of their daily experiences that they could not remember life without its presence. When I asked Nasia (19 years old) if he could remember the first time he witnessed violence in his neighborhood he laughed and responded, "like to be truthful with you, I'm sorry but I can't remember...I just always witnessed violence, for real. Like I was little. Everything I seen was violence. Yeah, I always see violence. It's

Baltimore.” On the other hand, De’Onte, an 18-year-old aspiring drummer and recent graduate of the SUP program, could recall with clarity his experiences of witnessing violence in early childhood.

When I was like 3 or 4 years old, I was witnessing people getting shot at and killed in front of me and it was nothing...cause I would just cry and walk in the house or cry and go to sleep because of what I saw that day or what reminded me of something.

De’Onte’s ability to recall these early experiences of trauma may be partly shaped by the fact that at 5 years old, he witnessed the murder of his best friend who was caught in the crossfire as they were playing. His experience of traumatic loss will be explored in chapter six. De’Onte’s discussion of environmental triggers (e.g. reminders of previous trauma experiences) that induced emotional distress revealed the presence of posttraumatic stress symptoms even in this preschooler.

Symptoms of posttraumatic stress also showed up in Raphael’s play enactments after witnessing a man be shot and killed while visiting his aunt’s house. As he was playing with his friend on the front steps, he heard two men arguing and recognized that the hostility in their voices was building. However, at 10 years old, he continued to enjoy the company of his friend as they laughed with one another.

Next thing we know we hear gunshots. Boom! Boom-boom-boom! I turned to my right and I see the guy going down...First time I ever witnessed somebody getting shot. I just seen the guy going down...and the guy stood over top of him and was still aiming the gun at him...I just knew that, that guy wasn’t getting up from what happened and I was imitating like, “Bang, bang, bang!” My aunt was like “Stop that!”...She came outside, after she heard the gunshots and grabbed us. When we got in the house, I was like, “Bang, bang, bang!” and she was like “Don’t do that!” At the time, I’m thinking like, I just thought it was cool. Like oh, they do it on westerns and stuff. Well, that’s probably what it was like a movie. Nothing like a movie...that was the first time I ever witnessed violence.

The reality of lethal violence was uncovered for Raphael at the age of 10. His awareness to deadly violence was opened. Although he reported, “I didn’t really feel nothing,” following the shooting, many questions flooded his mind. As a child, he wondered:

What’s going on? Why, why would he—why is he doing that? What *made* him do that? ...I don’t know, but it still like mind boggles you like what made them, why was they fussing, what were they fussing over? What made him do that to him? What made that guy shoot at him, and stand on top of him and keep continuing shooting like what made him do that? And I never knew.

After witnessing this first event of lethal violence, Raphael (19 year old father of a school-aged daughter) began paying close attention to the violence around him. He even became involved in violence himself “like physically fighting, no shooting or anything, just physically fighting people and stuff.” After being exposed to the disease of violence, Raphael became a susceptible host of this disease and later transmitted to others (Ransford, 2012).

Ricky, (20 years old) cleverly articulated how his attention to violence sharpened after his initial traumatic exposure to lethal violence.

Like for real, a lot a people could have got shot or stabbed or something in front of me. I didn’t know about stuff like that. And I didn’t care about stuff like that, just you know, swingin’ your hands and fightin’ and stuff. But once I started realizing, once I started first seeing the first person get shot, then I started realizing, like, yeah, people is really...and it’s like, you know.... Say your mother buys a car. You know, like a Toyota, Camry or something. And it’s brand new and you never paid attention to no Camrys. But right when your mother buys that car you start to see a lot of them cars out there. So it’s like, if it’s brought to your attention then you start realizing that it start coming more and more. So, yeah, basically like that.

Early experiences of violence and trauma contributed to young men’s susceptibility to future exposures. In discussing their experiences of witnessing violence, young men tended to make the distinction between one-on-one fistfights, incidents where there were more aggressors than targets (e.g. banked or jumped), and violent altercations that

involved a weapon (e.g. shooting or stabbing). Commonly, chronic exposures to violence involved experiences of witnessing or participating in school or neighborhood fights. However, the majority of young men described their neighborhood experiences of witnessing someone get banked, injured with a weapon, or killed as the most traumatic.

As previously introduced, Mekhi is a 20 year-old graduate of the SUP program and is a father of two young daughters (approaching ages 1 and 3). For Mekhi, his first experience of witnessing of someone “get banked” aroused fear, caution, and confusion concerning neighborhood violence.

I was like thirteen and I lived across the street from the swimming pool. There was a swimming pool right here and there was a supermarket like across the street from the swimming pool and there was bus stops like right along the swimming pool and I think I was coming from the supermarket and I seen like, there was a group of six guys, they were trying to rob a guy at the bus stop and I guess he wouldn't give out his money so they just started beating him. They was beating him with sticks and he was trying to run. That was actually the first time I seen somebody get banked. I remember that time.

I asked Mekhi if he remembered what he was thinking and how he was feeling as he witnessed this man be beaten just across the street from where he stood. Mekhi was by himself at the time and the first thought that entered his mind was “I hope they don't come over here!” He feared for his personal safety “plus, I know that man, he's hurt.” Feeling of confusion and caution quickly followed as thoughts swirled through his head (e.g. Why are they doing it? Did they just do it randomly? Should I still walk this way?) as this 13-year-old tried to quickly construct meaning and discern how to remain safe.

For Kenneth (18 years old), the clear, immediate strategy for remaining safe after the trauma of witnessing a local drug dealer get shot was to turn his bike around, ride home as quickly as possible, and tell no one what he saw. When Kenneth was 12 years old, a leisurely bike ride was disrupted by violence.

I was riding a bike around the block, poppin' wheelies and stuff, like a little kid. And I hear gunshots and I heard somebody running across the alley, screaming, "Help! Help!" I am 12, mind you, and so I turn the bike back around, and ride back in the house cause what I just saw, I wasn't supposed to see. Somebody just got shot in the alley behind the church. Like, who would shoot somebody in the alley behind the church? To make a long story short, I knew the guy who got shot. He was a drug dealer, who used to always hang down the street on the corner. Every time I walk past him to go to school, he'd be like, "What's up nephew?" this that and the third. And I'd say, "What's up?" and keep going to school. Then I saw him the next day, he was limpin', and, say, "What happened?" And he was like, "I got shot last night." — "Really? Hmm?" And that made me think like, okay, who should I hang around? These guys, or the guys I been hanging around? I just chose right there, I'm going to hang around with nobody. I'm going to sit in the house and play the game. Because, if I was moving a little bit more faster, I probably would have got shot simply because I was riding a bike up the street... That was my first time seeing somebody get shot so {sharp inhale and exhale} that was like, not good.

Kenneth described his physiologic reaction to include a rush of adrenaline (and likely cortisol soon after) that fueled his feet as he pedaled his bike back around the corner to his house. That night he felt very sad because he knew the victim and was unsure whether he was dead or alive. For at least an hour after witnessing the shooting, his body was "trembling, shaking, tingling, all that." As he recounted the story to me I could see him physically responding as his posture straightened in his chair, his eyes widened, and his leg began to shake. I asked him if he was re-experiencing the event and he laughingly said yes. I suggested some relaxation strategies and he assured me that he was okay.

At 12 years old, Kenneth independently processed his experience of witnessing a shooting. Following neighborhood protocol, he asserted, "I didn't tell nobody nothin'." In Baltimore, seeing, but not seeing; witnessing, but not being a witness, is critical to preserving individual safety, respect, and street credibility. As Nasia (19 years old) immediately responded when I asked him about times he witnessed violence in his neighborhood, "I done witnessed a lot of violence. But you don't be recording that. That

will get you shot, them comments.” After re-explaining *my* protocol of confidentiality, he felt safe enough to share more about his experiences including watching his close friend/brother be murdered as he was walking across the street to join him.

A culture of silence is not novel to Baltimore. Nationally, “stop snitching” campaigns govern many low-income, urban sections of large cities including Chicago (Konkol, 2013), Philadelphia (Kefalas, Carr, & Clampet-Lundquist, 2011), and New York (Schorn, 2009) among others. Broadly speaking, this contemporary culture of silence in low-income, urban contexts has multiple roots including a failed sense of police protection and distrust—which young men in this sample describe and will be briefly discussed later in this chapter; the war on drugs, minimum sentencing laws, and a system of mass incarceration of Black males and men of color in the United States; and fear of violent intimidation or retaliation if information concerning a crime is communicated (Farrey, 2006; Kefalas, Carr, & Clampet-Lundquist, 2011).

However, in Baltimore, the threat of violent retaliation as a consequence of personal willingness to speak about and against violence and crime is real and has an enduring history. Mekhi (20 years old) explained the palpable fear Baltimore residents experience connected to snitching and how this cultural norm of silence spread throughout Baltimore City in recent years.

I mean it’s not nothing that just started like it’s been like that for a minute. Since the Dawson family back in the day. You ever heard about them? On Caroline and Preston Street? The mother had testified [about] a drug dealer that she called the police on numerous times in front of her house and he burned the whole house down. It killed like six children, the mother, and father. And all of them went to school with me and my little brother, all of them. It killed like six children. Ever since then, people—then the “stop snitching DVD”, people don’t talk. People *do not* talk.

The Dawson Family house stood just four blocks away from where the “Body-More, Murdaland” graffiti was tagged; three blocks from where Mekhi witnessed his childhood friend be murdered. I asked Mekhi to familiarize me with the “Stop Snitching DVD” that circulated in Baltimore, later went viral, and even received coverage on national news networks (e.g. CBS; Schorn, 2009).

Yes, you didn't ever hear about that DVD? I would say like two thousand and five. It was all over. They started rapping about it in songs. It had um, Carmelo Anthony, the basketball player. He was in it and um, and he got under a lot of heat for that. Um, they were basically telling people to stop snitching and they were putting people out there on the DVD. Like they was going over and around the city and they was putting people's names out there that was snitching, people had they papers in they hands and they be like “Yeah, [so and so] snitched on me.” But those same people would be turning up dead in weeks. So that's why they was trying to indict Carmelo Anthony and they brought him in but he was just starring because he was from Baltimore, he didn't have anything to do with it and everybody behind that DVD got locked up.

While this cultural and contextual code of silence partly acts to preserve the safety of individual community members, it simultaneously undermines the physical and psychological safety of the community as a collective. When a fatal or non-fatal incident of violence happens, community members are reluctant to come forward or cooperate with police, complicating the ability of law enforcement to detain and prosecute individuals responsible for violent crime in Baltimore.

However, as narratives like Kenneth's reveal, this culture of silence may also restrain young men's willingness to reveal experiences of trauma, compromising their psychological health and safety. Although Kenneth's mother was home after he witnessed the shooting which occurred around the corner from his house, he never told his mother about his experience. Instead, this 12-year-old followed protocol and silently processed his trauma in secrecy. In this way, violence in urban areas often silences young



men's sharing about fears, hurts, and pain even as children. Masculine scripts may further mask experiences of trauma, restricting young men's ability to know help and healing.

Samir, now 18 years old, did the same at 8 years old after witnessing a man get shot and killed while he was doing homework on his front porch after school, quietly waiting for his foster mother to come home and pick him up for an appointment. Like Redz, when questioned by the police, Samir repeatedly replied, "I don't know what you talking about. I don't know nothing." He thought about telling his foster mother's daughter-in-law, with whom he shared a solid relationship, but changed his mind.

I thought about telling somebody about what happened...I thought I was going to tell her daughter-in-law. She [took] me shopping like every weekend and I wanted to tell her but then I was like no I'm not gonna tell her. I just left it alone. I was like it don't concern, it don't concern them.

Night after night for several days after witnessing the murder, Samir (8 years old) had recurrent nightmares about seeing the man be shot and killed in front of him. He told no one. The adults in his life were unaware of his traumatic stress symptoms and they did not ask about them either. Though silence created a sense of physical safety and protection from retaliatory violence/intimidation, the invisible wounds of trauma experienced by Kenneth and Samir as children and preadolescents remained concealed and unaddressed.

At age 11, Rashawn vowed immediate silence in the presence of the shooter who executed a man in the street across from where Rashawn was standing. He described in detail the first time he ever witnessed gun violence.

I was 11 years old watched a man get blown off in front me with a sawed-off pump. [He was] playing with the wrong niggas and a nigga pulled the pump out and blew his [head] clean off his shoulder like literally he ain't have no head—all this {he gestures and points to the areas on his face and head} was gone. I was sitting right there on the corner selling my drugs—I ain't [gonna] lie, I peed on

myself... He looked at me like, "Lil man, don't worry about nothing, you good, yo." I'm sitting there shaking, pissing on myself. Like I'm just so shocked I couldn't move at all... First time really like, not actually first time seeing a body but like first time seeing a body drop while the man is still there with the gun and knowing that growing up, all witnesses die?! I thought he was gonna shoot me with that damn thing! "Ah but nah shorty, you alright, you a youngin. I ain't even worried about you, yo." Knowing the fact that if he really want to he could have killed me right there for me seeing the whole entire thing. I'm like, "Man, you ain't got to worry about me saying a damn thing!" Police came by knocked on everybody's door, "Yall hear this and everything?" "I ain't seen shit! No nothing!" Went back in there slammed the door in their face like I ain't see nothing.

For Rashawn, the trauma of his exposure to violence is multifaceted. Simply having a sideline view of the infliction of a point blank gunshot wound to the head of the victim was trauma inducing, alone. Watching a man die as a result of violence added another layer of trauma to his experience. However, his acute knowledge that street ethics permitted his life to be taken for witnessing both terrified 11-year-old Rashawn the most. Yet his knowledge of this protocol also brought him protection as he quickly pledged not to tell about what he witnessed. Although, Rashawn did not lose his life as a result of violence, he shared his belief that the trauma of witnessing deadly violence murdered part of his childhood.

Cause I still be thinking about it. Like I think about my childhood. Well, I ain't got no childhood...The streets is my childhood. I could walk you on every block up there and give you 4 or 5 stories of what happened on this block...But now when I see it I just look at it like, like it's just something that you see on TV. Ain't nothing I can do about it, besides change it. I'm not gonna say change what's happening but just try to get out the way, out the way of it. I don't want to be involved in that.

The persistent and perceivably intractable reality of chronic exposures to lethal violence in their neighborhoods often left young men feeling powerless to change the conditions of their environments. For young men like Rashawn who lack the resources to relocate,

this is just part of the collective experience of trauma in Baltimore's low-income neighborhoods.

**Experiencing violence.** Experiences of witnessing violence typically preceded violent victimization and provided an introduction to the traumatic reality of lethal violence in Baltimore City. Direct exposures to violence as victims and/or participants affirmed this actuality for the young men in this sample. Participants described engaging in physical fights with other youth starting in early childhood and spanning through the present. One young man, Shawn (23 year-old expectant father), even remembered his first fight with another boy as a toddler and recorded it as his first experience of loss on his chronology of loss. Although some fights were enactments of hegemonic prescriptions of masculinity or as Samir said, part of "boys being boys," as young men approached middle school, violence often became more frequent and serious, often creating a barrier to health and well-being.

For many young men, fighting was part of daily life in the neighborhood and school was no exception. Fighting was often necessary and a primary means for the participants to establish themselves even as young boys. Ricky (20 years old) described how violence complicated his ability to navigate school and the neighborhood.

I'm from over West so like goin' to Lemmel [Middle School] just fightin' everyday with kids, like you...like school wasn't no, just going' to school and learnin'. It wasn't no happy, you know, time. None of that. Even as a young—elementary and middle school. You know, you, you walkin' home, you probably....You going through the chances of getting banked by them over the hill or whoever, like. There's competition all the time like when you was younger. Like, the strong is going to survive. Like even though it might sound harsh and all that but it'll, it'll eat you up out there. If you just let people mess with you and let you push over there, they'll eat you up.

In many Baltimore neighborhoods, avoiding violence was not simple or easy. Simply walking home from school could render young men vulnerable to violent engagement. A refusal or unwillingness to engage with violence, particularly in the form of fighting often resulted in further threat. Consequently, some young men like Ricky felt a real need to fight back in order to establish a reputation and create a sense of control.

Creating a sense of control when confronted with neighborhoods characterized by unpredictable exposures to violence is a difficult endeavor. Jesse (20 years old) was walking to his girlfriend's house one evening when a passerby on a bicycle stopped to ask him a few questions.

This boy was like, "Yo you know Jay?" And I was like, "No," and as soon as I said no he hopped off his bike, pulled the gun out and was like give me everything before I shoot you. And I saw my life flash before my eyes... I had flashbacks, everything. Good, bad...I was like let me hurry up and give him this stuff. I love my life too much, even though I get stressed out sometimes, I still love my life.

Jesse admitted he felt scared when he was held at gunpoint. He felt surprised that his walk to his girlfriend's house would result in a traumatic experience. He was shocked that his life would be threatened for his minimal possessions of a watch, wallet, and phone. I asked Jesse how this violent experience impacted his behavior and he asserted that it did not. For Jesse, it was important not to allow this isolated traumatic experience to shape the way he interacted with others in his community.

Like you can't blame everybody for what one person did. And it's not their fault that it happened to you or none of that so it's no point in looking at nobody different unless they prove that they the same as that one person, that's the only way.

However, Jesse's reaction to his traumatic exposure captures the minority of experiences in this sample. Social interactions with peers and community members were

significantly impacted by young men's direct experiences of violence. Matt, a soft-spoken, 19-year-old young father who wears a tattoo of a cross square in between his eyes, described how the trauma connected to his experience of violent victimization shaped his peer relationships.

We were just sitting outside one day, just me and my best friend, we were sitting outside and—I think we came from the basketball court and we were sitting on the steps and somebody that we know from back from when we was younger must have beat somebody up earlier that day and he came and sat around us. Later on that day, the boy that was looking for him came back and he was shooting at him. But he was shooting, you might as well say he was shooting at all of us but he ain't hit nobody but he still was shooting at us. And it was for one person but all of us was right there so basically it was for all of us...And I just started thinking...like and it was only 'cause of that reason 'cause he must have beat up that boy earlier that day. He was the boy coming back to retaliate, I know that.

When Matt, his best friend, and the young man they knew from their younger years spotted the young man wearing a facemask, they did not think twice. They ran as fast as they could until they no longer heard gunshots. Matt's top priority was making sure he did not get hit. Adrenaline rushed through his body and his heartbeat raced as he literally ran for his life.

It was not until after Matt settled down that he realized the danger he was exposed to as a result of the other young man's company. Matt's experience of violence resulted in his social distancing from an identified group of peers and prompted him to be highly selective and evaluative of the peers he allowed into his circle. This theme of a small circle emerged as a widely adopted strategy to promote safety and create a sense of control to help mitigate the threat of experiencing unpredictable violence.<sup>6</sup>

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<sup>6</sup> The concept of small circle revisited in the discussion of safety and hypervigilance later in this chapter.

Reggie learned the need to keep a small circle after surviving an extreme beating by a local gang that was setup by his lifelong, neighborhood friend. Reggie's long time friend, Curtis, called him one evening asking him to come help him fight a few guys who were talking disrespectfully about his mother. Reggie, who admittedly is not much of a fighter, agreed to come to his friend's defense. He grabbed his winter facemask, pocketknife, and lied to his mother about where he was going so he could leave the house to go meet his friend. When the house where the young men who allegedly disrespected Curtis' mother lived turned out to be a boarded up, vacant house, Reggie began to discern that something was not right.

So I see maybe ten people coming from up that way and maybe like fifteen coming from the other way. So I'm like, "yo, I need to get out of here before something happen!" Me growing up as a Christian, the only thing I could think of at that time was Jesus and like I'm not afraid to say it. So they come down the street, all of the boys like, "yeah what's up now you talking all that smack." So he back up and he took a bottle out of his coat and he throw it at the boy. The way he threw it, it was like he really wasn't trying to throw it at him. He threw it at him, he dodged it and all the boys said, "fuck all this shit." He took his gun out and put it to my head and I'm standing there like "yo, I'm about to die!" Thank God yo, this nigga pull the trigger and it jammed... So I'm looking, "Where Curtis at? He gone. I go to turn around and this big nigga just "Pow!" I'm knocked out... I wake up in the hospital... the doctor cutting the mask off my face and find out who I am and they call my mother and my sister. And they like, "He looks like he died!"

Reggie later learned that Curtis set him up to be jumped as part of a gang initiation.

Curtis did not want to be personally "jumped into the gang" himself, so he arranged for Reggie to take the beating instead. Reggie was beaten so severely that the print and tree logo from the bottom of a Timberland boot were imprinted in his face. Miraculously, no bones in his face were crushed and his skull remained undamaged. His doctor was so amazed that even he gave credit to God for Reggie's condition.

"It's only God." He said. "I'm atheist but not no more." I said, "What you mean?" He was like, "I believe there is a God now because you should have had all your

bones in your face is broken, your skull should have been smashed.”...I’m glad I’m alive.

Reggie’s faith and trust in God were strengthened by this traumatic experience. However, the trust in his social relationships bore the full consequence of his physical beating. Reggie struggled to understand how his lifelong friend could set him up for such a horrific experience. Although his body healed in about two month, the trauma of the experience persisted.

I was having dreams that it was happening every night over and over again, like I was going through some stuff like you talking about people with post-traumatic stress disorder, that’s what you would have thought I had because like somebody could walk up on me and I be like {moves quickly—startled}, “Like for real? Like back the fuck away from me.” Like I was on that. Like that’s why when I came here, I had low tolerance for anybody here like you could be my homeboy that I knew for eighteen years but my trust for you, I have no trust for anybody like, “fuck you. I don’t know, you my friend and all that how do I know you ain’t gonna stab me in my back, tomorrow?” That’s how I was thinking and that was crazy.

Reggie’s insights about his posttraumatic stress symptomology following his violent victimization were accurate and appropriate. He exhibited arousal symptoms (e.g. easily startled); re-experiencing symptoms (e.g. distressing dreams); and avoidance symptoms (e.g. estrangement from others and marked distrust). He no longer extended trust to his friends and even questioned the motives of his family. In trying to articulate this experience, he quoted rapper Wiz Khalifa, “‘Trust is like an eraser. It gets smaller and smaller after every mistake.’ It took that one mistake for [me] to just be like, ‘I don’t trust nobody.’”

### **Police: Protectors and Perpetrators**

Historically, relationships between local police departments and communities of color have been strained. This is disproportionately the case for boys and men of color,

particularly within low-income and urban areas. Baltimore City is no exception. Just as the trust in Reggie's peer relationships was broken after the incident with his lifelong friend ended in mistreatment and violence, the trust in young men's relationships with Baltimore City police is significantly impaired for similar reasons. Although the minority of young men in this sample acknowledged how police presence in their neighborhoods resulted in a reduction of violence, the majority describe local police as unreliable, at best, and a contributor to their experiences of violence and trauma in their neighborhoods, at worst.

**Protectors.** In an effort to reduce the incidence of violence resulting from drug and gang activity in the city, young men report that Baltimore police presence in their neighborhoods had increased significantly. On some blocks, this presence comes in the form of blue light police cameras that monitor and survey activity on the block. Andrew (22 years old) attributed the reduction of drug activity on his block to the presence of these cameras. Prior to the installation of blue light cameras on Andrew's block, it was impossible to sit outside on his front steps because of the drug activity and violence that often accompanied it. Now he reports being able to sit outside if he chooses. "You can sit on the steps now...because, the blue light up there now. Police be watching the neighborhood." In this way, police surveillance has contributed to an increase in Andrew's perceived sense safety on his block.

Across interviews, many young men consistently referenced a reduction in gang violence over the past five years, and some attributed this to police effort. When discussing the former prevalence of gang violence, young men often identified the years 2005 – 2008 as the peak of gang activity in the city. Wayne (19 years old) reported how



diffuse gangs were throughout Baltimore City in 2008. “None of the gangs are as thick or an issue as it used to be as in 2008. 2008, gangs were everywhere. You would be beaten if you was not a part of something.”

During the peak of gang violence in Baltimore’s recent history, not being gang affiliated made you vulnerable to directly experiencing violence in your neighborhood. At the least, it complicated your ability to safely navigate your community. Jaysen, a 21-year-old SUP member and father of a 2-year-old daughter, described how the gang activity complicated his ability to navigate the community without witnessing or experiencing violence.

It was bad. Like, ‘06 probably, ‘05, ‘07... Basically I used to live down there, where my baby mother stay at, when the gangs was really around. So that’s what made my mother move. So just, the, the gangs and the confrontations that was going on, around there, you’ll have to find some way around it cause, like if, you walk through, a crib block, and they think you, cause you got all red on they think you a blood, or they seen you with a blood or something, they might try to bank you or something. I’ve seen it happen. But it just never happened to me.

As a 14-year-old, Jaysen had to become intimately familiar with which gangs occupied which city blocks in an effort to reduce his exposure to gang violence and construct safety as he navigated his neighborhood.

Since 2009, like greater Baltimore, gang violence has been quelled in Jaysen’s former neighborhood. Jaysen attributes this reduction in frequent and often lethal violence to strict policing of this area. “It had been a lot of killings and stuff going down, a lot of shootings, and, so, that’s probably why [the police] so strict down there now.” In part, heavy police presence and strict policing was successful in reducing gang violence and protecting community members from exposures to this violence. However, as Jaysen and the majority of the young men in this sample also noted, too often, strict policing

practices translate into the targeting, harassment, abuse, and even death of young, Black men in Baltimore City.

**Perpetrators.** In nearly every interview, young men spoke without prompting about the police, reflecting the constant presence of police in their neighborhoods and the frequency of interactions with police in their daily lives. As the narratives of young men reveal, interpersonal violence between community members is not solely responsible for young men's exposures to violence as witnesses and victims; Police heavily contribute to this vulnerability as well. Young men in this sample described in detail what it was like to be targeted and surveyed on a daily basis in their Baltimore neighborhoods. While it is not feasible to share the fullness of their encounters with police in this dissertation, interactions with the police play a key role in shaping young men's sense of vulnerability, safety, injustice, and experiences of traumatic loss. In Baltimore, the police are central contributors to what we are beginning to understand as everyday experiences of trauma and chronic adversity (Rich et al., 2009).

When I sat down to interview Wayne, a 19-year-old new SUP enrollee, after asking him where he was from and how old he was, I asked him what it was like to be 19 years old. This was his reply:

Rough. It's rough because it's like a set image for a 19-year-old young Black man, and it's just scrutiny everywhere you go. Like police pull you over, for no probable cause, and it's hard to get a job and, it's, it's just a lot, it's a lot. It's a lot...If he lives in an urban area he's selling drugs, or he's a gangbanger, or he doesn't have a stable foundation at home. And that's all the opposite of me. But yet, I still get pulled over by the police. I still get looked at in a certain way because of *who I am*.

I asked Wayne what it was like to be profiled and harassed on a daily basis because of his social position as social location in context. "Pssh, I'm kinda used to it now. I just take it

for what it is until I'm able to move out of the city." Like the chronic street violence in Baltimore City, experiences of racial and economic discrimination and police harassment are so commonplace that they too have become an acknowledged part of young men's mundane realities. Likewise, perceived and real powerlessness to stop, prevent, or change the harassing and abusive practices of police exacerbate young men's experiences of trauma in their urban contexts.

When I asked Wayne if he could remember the first time he felt like he was scrutinized or unfairly targeted by the police, his language mirrored that of Nasia's response (p. 145) when I asked if he could remember his first time witnessing violence in Baltimore: "Honestly, I probably wouldn't be able to tell you the first time, it's been so many occasions. Like it's, it's hard to just pinpoint the first time it happened, cause it's been going on for so long." Wayne's response indicates the frequency and prevalence of police targeting over the life course. Wayne guessed that his direct encounters with the police started as a preadolescent. "Middle school is when they really started messing with me because I was always bigger than what I was supposed to look at my age, so." For Wayne, his race, gender, and pubescent body increased his susceptibility to the everyday trauma of discriminatory policing.

***Witnessing police harassment and violence.*** Within the first few minutes of Tony's (18 years old) interview, he confessed that his attitude and perception about the police were formed before his first personal police interaction at the age of 12 years old.

I never really liked the police cause I see what they do to other people. I've seen them beat up people in front of my face. I almost seen one shoot somebody... They make matters worse around there... I just see a lot that goes on... they just pick on people... They, they use, their authority wrong. Like their power, they take advantage of it.

In addition to the drug activity, fights, shootings, and frequent car accidents in Tony's neighborhood, Tony described the police as a contributor to his negative social environment and vulnerability to violence and trauma.

Charles (18 years old) was just 10 years old when he "got used to the police [not] doing people right in the streets." Charles witnessed the police beat up the friend of his mother's boyfriend. The two men and Charles were sitting out front of Charles' house discussing his grades in school when the police pulled up.

We were just talking about me and school, that I had good grades and all that. And they said that I need to keep doing that. Stay in school and all that and we was sitting there when they police pulled up. They said that they heard word he was selling crack and all this. And he tried to explain to them that he wasn't, but they put him in the car, drove around to the alley, and they beat him... When he came back in the alley, his face was bloody, his arm was broke and all that... They beat the crap out of him... We called the ambulance for him.

Although Charles was confused as to why the police would beat up his family friend without reason or at all, he was not surprised that it happened. At 10 years old, he had already learned that Black men in Baltimore were vulnerable to experiencing violence at the hand of its police.

***Experiencing police harassment and violence.*** As participants grew from boys to teenagers to young men, their experiences of witnessing police violence increased in frequency and their personal experiences of police profiling, harassment, and violence also multiplied. Instead of solely watching older males in the community be the targets, young men and their peers joined them as subject to police harassment. In this way, the lives of young, Black men also became directly linked to uniformed strangers whose actions created lasting ripples of trauma in their personal lives and in broader community dynamics (e.g. code of the street).

Ricky (20 years old) painted a picture for me of the nightly activity in his neighborhood that he manages on a daily basis. In addition to the crowds of people standing near a local bar, the arguments, fights, and incidents of domestic violence that posed risks to safety, Ricky described the police to be a primary threat.

Other than that, you got police patrollin'... You know, messin' with people like. They just mess with anybody, like. Just crazy... They keep strippin' us and diggin' on our private areas for what, like? We don't, we don't even do nothin'. We don't sell no drugs or nothing like. It's crazy. It's just harassment. And you know it's like. I understand the older people sayin' we need more police and you know. Yeah, we do need more police and more help. But not *this* type of help. Like y'all just-- You just actin', you know, they just actin' Rambo like. They just doin' whatever they want to do. Shit. It's crazy.

Ricky's narrative is indicative of the unpredictable nature of police targeting that parallels the nature of unpredictable community violence in Baltimore City. For many young men, this exacerbated a lack of personal control over their surroundings, daily rhythms, and physical bodies. Baltimore neighborhoods, young men who are and who are not involved in illegal activity are uniformly targeted and harassed. As Ricky shared, invasive searches and harsh policing practices repeatedly, longitudinally, and literally stripped young men's physical bodies of material possessions, while simultaneously stripping them of a sense of dignity and respect as men. Consequently, isolated and cumulative events of police harassment over the life course significantly contribute to the experiences of everyday trauma among young, Black men in urban contexts.

Ricky's statement also suggests disparate community member experiences with police by age. Older community members advocated for increased police presence, and Ricky partly understood this request in light of some of the community concerns (e.g. heavy foot traffic, frequent fights, and domestic violence) he detailed when describing his neighborhood. However, additional police presence in the community also meant the

potential for increased harassment, and Ricky did not welcome this aspect of police-community relations. As he continued to share his experiences of police profiling and harassment, Ricky offered a series of interrogatives directed toward law enforcement, voicing his desire for empathy and respect from local police departments.

If the police officer had a cousin happened to, you know, however, he might look. However, people might perceive him, um, you know, wear hip clothes or look like a [dope] boy or whatever. I mean would you, would you be followin' him down the street? You feel me? Would you be doing this and that? Would you be strippin' him? Feel me? Making him feel embarrassed and all that? Would you be doin' that to him? Like, or anything? Like, if I was the police and you know, you was me like, you wouldn't want this. Treat people like you want to be treated, like. I mean, don't just talk to me 'cause you think you got that badge you can just talk to me all crazy like.

In addition to embarrassment, I asked Ricky to specifically name the emotions that accompanied his experiences of being mistreated by the police.

Man disgusted. The way—the stuff they do, you know? Uh, pshhh. I'm overwhelmed, like I can't believe this! Enraged, you know? Cautious, 'cause you don't ever know what they might do. So, you know, you gotta be cautious. Pshhh. Man frustrated, cause its happens on a regular! I'm talkin' about everyday, all day, you know. And exhausted. I'm sick and tired of it! Like, I'm sick and tired of all this.

Antwon, an 18-year-old father of a one-month-old son, shared Ricky's sentiments about the police: "Besides other people, that you may have beef with or don't, like around there you got to worry about the police." During data collection, Antwon's frequent harassment and traumatic encounters with Baltimore police in his Cherry Hill neighborhood first alerted me to the seriousness of understanding young men's experiences of violence and trauma resulting from interactions with the police. In particular, the homicide of his close peer who was killed as a result of being shot by a police officer deepened my awareness of the interconnectedness between young men's

relationships with the police and their experiences of trauma, violence, and loss. His experience is described in detail in the following section (See Justifiable Homicide p. 30).

I asked Antwon what it was like to live in a place where you could not trust the police.

In a way you can say it's scary. Cause at any time they can do whatever. They can hop up on you and just beat you up for no reason. So, you got to watch your back. Like if I see the police and they ride past me and I see them just looking at me, slow riding, I'm a keep walking. But if I see them backing up, I'm a run, 'cause I already know what's on their mind. One time, when we was out Cherry Hill, they did stop us for real. I ain't run cause I wasn't dirty, I didn't have anything illegal on me. I ain't have no weapons on me or nothing. But they just wanted to mess with—We was outside on my porch, they pulled up, they flashed the light the light over there, feel me, and we were looking over there like “Fuck why y'all flashing your lights over there for? Just want to fuck with somebody.” So he hopped out the car, came over there and he said, “Where y'all live at?” and I said, “Nigga, I live right here.” And he said, “Go in your house.” {Laughs} “Go in my house? You can't tell me go in my house! It's a free f'in country,” you feel me? So he started going on at the mouth talking about “I'll lock your ass up this and that, this and that.” And I had a rosary on, you feel me? And he looked at it and was like “What's that some gang shit?” You feel me? And I was like “No, it's just a rosary.” He grabbed and like snatched it off my neck. He snatched it off and I wanted to hit him so bad! But I couldn't 'cause I already knew what it was going to be.

The parallels between the conditions, contexts, and consequences of interpersonal community violence and police profiling and perpetration of violence are striking. In the same way that young, Black men in Baltimore City have to remain alert and sensitive to the potential of violence with other community members, young men have to remain vigilant regarding the threat of violence from the police. Similarly, structural violence in the forms of racial and economic oppression position young, Black men living in low-income Baltimore neighborhoods vulnerable to exposures to police harassment and everyday trauma. As Antwon's experience again demonstrates, any place, including the

front steps of your home, can be the *wrong place* at the *wrong time* to experience discriminatory and unjustly violent policing.

Yet unlike exposures to violence (e.g. witnessing and experiencing) with community members, young men's agentic ability to respond to police profiling, harassment, and violence is restrained. The power of police officers to facilitate lasting legal consequences in the lives of young, Black men constructs intimidating scenarios where young men are forced to absorb physical and psychological pain inflicted by the police. With few resources to fight the police, young men are often powerless to pursue justice and reprieve. Wayne described the experience of feeling helpless and powerless to combat police injustice.

Sometimes the police beat you up because they might have not found nothing on you, or you might have said something smart, or ignorant, they get the beating on you, and you know you can't beat them back. No matter what you do you're going to lose at the end of the day. They make the law.

Limited resources and power to confront, change, or cope with the threat of police perpetration of discrimination and violence creates experiences of trauma in the daily lives of young, Black men and the communities in which they are situated. As Wayne previously articulated, until he has the resources, ability, or opportunity to move out of Baltimore City, he is left to fight what he perceives is a losing battle with the police in his local neighborhoods.

***Justifiable homicide.*** Justifiable homicide is defined as “an intentional killing either commanded or authorized by law” (Robin, 1963, p. 225). Examples of justifiable homicide that relates to law enforcement include “unavoidable killings in arresting a felon or preventing his escape, and those necessitated in lawful self-defense which places the slayer in imminent peril of death or great bodily harm” (Robin, 1963, p. 225).



According to 2011 Uniform Crime Reports (Federal Bureau of Investigation (FBI), 2011), there were a total of 393 reported justifiable homicides committed by police officers in the United States. Across the 40 interviews in this sample, young men reported five justifiable homicides of peers committed by Baltimore City police. These experiences created experiences of traumatic loss where young men not only grieved their peers but experienced the traumas of: 1) having a young friend die suddenly and violently, and 2) affirmed and often intensified feelings of powerlessness and vulnerability to police violence perpetration.

Niko, an 18-year-old SUP member described what it was like to lose a friend who he considered to be a brother as a result of justifiable homicide. The murder happened when Niko was 15 years old.

My friend got killed by the police. One night we was outside chillin. Then later on that night he was over his girlfriend house and they was fussing and fighting and she called the police. The police came to the house and the police said he tried to rush them with a knife. And then they shot and killed him. That morning, I got a call from his brother telling me that he got killed. And...I didn't want to believe it because we was just—just together that same night...The police, well, I just feel like they just did it for no reason cause that, it just—I don't think he would do nothing like that. Like why charge the police with a knife knowing that they got guns or whatever? And then they said they tazed him but he ain't go down like, they tazed him multiple times. How he not gonna go down? And then you shot him, like...and then if you tazed him, how is he coming at you with a knife? Like, I don't know. I feel like they had no right to do it. Even though I wasn't there to see what really happened or if it really happened, I just really feel like they shouldn't have done that.

Niko felt shocked, sad, confused and angry upon learning that shortly after being with his friend, he was killed by the police. In addition to his grief, he wrestled with the unanswered question of why the police would fatally shoot his friend. The information provided did not add up to a sensible story and they did not fit with the personality of the young man Niko called brother. He searched for answers but did not have the ability to

find them. He felt angry that the seemingly unjust use of lethal police force took away what he possessed no power to restore, the life of his friend.

Although Antwon (19 year-old father) witnessed and experienced numerous events of police profiling, harassment, or unjust perpetration of violence, it was the murder of his good friend that forever destroyed his respect or trust of the police. In a year where four of his peers were murdered, the justifiable homicide of his close friend Aaron happened first.

Aaron was one of the closest out of all of them to me, for real. And the way how he went, it just really took me off the edge 'cause, the way how he died, it was around ten o'clock for real, it was over here, like he was walking, walk on Monument and the knockers<sup>7</sup> they seen him and I don't know the reason for why they was hopping on him but they hopped out and they shot him in his head, yeah, and they try to say that he shot himself in the back of his head. How can you shoot yourself in the back of your head while you running? Like what sense does that make, but I can't stand them. They supposed to be for the good but they, they destroy more than they protect.

For young men like Antwon, Niko, and the three other participants who shared stories of their friends being killed by the police, these homicides felt anything but justified. The killings of peers by the police sent a clear message to these young men that their lives were not valued by the police. These justifiable homicides demonstrated that they were powerless to stop or secure justice when the police exercised lethal violence. For Wayne, his experiences of police perpetration of violence (e.g. given a black eye by a police officer when he was 15 while questioned about a dirt bike) paired with the justifiable homicide of his friend Billy who was beaten to death crystalized his primary fear and

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<sup>7</sup> “On the streets, they're known as "knockers" for their aggressive style. The Baltimore Police Department calls them "flex squads" - teams of officers given the freedom to chase down suspected criminals in neighborhoods dominated by drug dealing and violence” (Sentementes & Bykowicz, 2006).

revealed his trauma: “The police. That’s like my number one fear in life. It’s the police. All the stuff going on, it makes you fear.”

### **Constructing Safety and Strategizing for Survival**

The narratives in this sample of young, Black men illuminate the challenge of creating and maintaining physical and psychological safety in dangerous neighborhood contexts. Structural violence perpetuates chronic exposures to interpersonal and institutional violence, creating enduring experiences of trauma and vulnerability over the life course. Young men varied in their personal: 1) levels of fear, 2) perceptions of safety, and 2) and strategies for survival. However, across almost every interview, young men spoke about the importance of exercising caution, remaining *on point* or high alert, and keeping a small circle as a primary means of remaining physically safe. This section explores the strategies young men create and adopt in order to construct safety in context of chronic risks to safety and mortality. In particular, the posttraumatic stress response of hypervigilance or being *on point* is examined.

**Fear, caution, and safety.** For some young men, unpredictable and chronic community violence (both interpersonal and police) produced a sustained, underlying sense of fear concerning their safety and well-being. In individual interviews and in the context of the weekly grief and loss group I facilitated at the SUP program, young men often reiterated an emergent theme in the data and a truth of their lives: *bullets know no names*. When I asked Ricky (20 years old) if he felt safe in his neighborhood, he described how his sense of safety was diminished by the increasingly senseless and unpredictable nature of violence in Baltimore.

Uh, yeah, [I feel safe] but sometimes that get overshadowed probably with a little bit of fear. Cause, you know, stuff like I said, stuff happen randomly. Stuff you don't expect and you'll never know what happened. Like the safest person, probably, I'd say like people who—somebody I idolize, like you know that person in the streets. He *tough* so ain't nobody—nothin' gonna happen to him. But, a week later you see somethin' happenin' to him and he dead and it's like, Dang! It could happen to me! Like, if that happen to him, like. I don't know, like, even, psssh. It's like bullets ain't got no names nowadays. There's no cut cards for nobody. That's the only reason I will feel like, endangered or prolly a little bit frightened or somethin'. Cause nowadays, like, probably in the '90's or '80's, like you knew such-and-such and was gonna die, cause you know he was doin', or whatever he was doin' out on the streets. But nowadays, like, it's whoever like it's anybody. Don't matter who it is. A four-year-old, you know, a two, a two-month-old. You know? Eighteen. Eighty-four. Don't matter. It's, pshhh...Stuff changing nowadays and it's not right no more.

Ricky's sense of endangerment and fear is partly grounded in what he perceives as an increasingly arbitrary system or rhythm of violence. As he stated, historically, it was understood that persons connected to drug or gang activity faced the highest risk of death by homicide because of their engagement with businesses or organizations governed by violence. However, as Ricky and the homicide statistics of Baltimore suggest (See Table 5; The Baltimore Sun, 2013), it seems the clear boundaries of this code no longer exist and the risk of death by homicide has spread across all residents within Baltimore's economically disadvantaged neighborhoods.

Table 5

*Baltimore City Male Homicide Rates 2011 – 2012*

<b>Baltimore City Homicide Rates by Age, Race, and Year</b>	<b>Age 0 – 17</b>	<b>Age 18 – 25</b>	<b>Age 26 – 34</b>	<b>Age 35 – 50</b>	<b>Age 50+</b>	<b>Total Homicides</b>
<b>Baltimore Homicide Rates 2011 (Total Homicides 197)</b>						
<b>Baltimore City 2011</b>	12	72	53	30	13	180
<b>Black Male Homicide Rate 2011</b>	11	69	50	27	11	168
<b>Hispanic Male Homicide Rate 2011</b>	0	2	2	2	0	6
<b>White Male Homicide Rate 2011</b>	0	1	1	1	1	4
<b>Baltimore Homicide Rates 2012 (Total Homicides 217)</b>						
<b>Baltimore City 2012</b>	6	68	60	42	19	195
<b>Black Male Homicide Rate 2012</b>	6	66	57	40	17	186
<b>Hispanic Male Homicide Rate 2012</b>	0	1	1	0	0	2
<b>White Male Homicide Rate 2012</b>	0	1	2	2	2	7

**Note:** In 2011, there was 1 Asian male homicide victim (Age: 55) and 1 other male homicide victim (Race Unknown; Age 25). In 2012, there were 0 homicides of Asian males. Compiled from The Baltimore Sun (2013) Baltimore homicide data.

His fear is simultaneously fueled by his comparative analysis of relative safety.

For Ricky, his sense of safety and vulnerability were measured against the person he

believed to be the “the safest person” in the streets. Learning that life-threatening

violence harmed the person who served as his safety benchmark heightened Ricky's awareness that no one is immune to violence. All are susceptible to it and this now included him.

Like Ricky, Rashawn's awareness that violence could unpredictably end his life kept him from giving a confident "yes" to the question of whether he safe in his neighborhood. Instead, he communicated that he felt comfortable in his neighborhood. Rashawn (21 years old) moved multiple times throughout his childhood and adolescent years. Consequently, he formed and maintained relationships with peers and community members in several sections of the city. This sense of love or respect helps him to feel comfortable as he navigates the neighborhoods.

Cause where I'm staying at, I grew up down there too... I ain't gonna say it's just about feeling safe, like, it's a matter of respect. Like I get respect and love wherever I go. You gotta get respect to give it. I ain't gonna say, like it don't matter, wherever I go, anything bound to happen, you feel me? I ain't gonna say I feel safe wherever I go...if somebody just come out the door and just wack me, just off of G.P. for real. It ain't safe no where, where you go at cause anything bound to happen—hit by a car, anything. I just feel, I'm gonna say I feel comfortable, I ain't gonna say I feel safe. I feel comfortable. I don't wanna say I feel safe cause anything's bound to happen. You not promised tomorrow.

Even though Rashawn feels comfortable, he is careful to emphasize the distinction between comfort and safety. Although his respect affords him a sense of comfort that suggests reduced "beefs" or conflicts with peers, it does not override the reality of risk. For young men who remain situated in a community context of chronic violence, safety is never taken for granted.

When I asked Reggie (22 years old) if he ever worried about losing his life as a result of community violence, he admitted he did, but shared the new mindset he recently adopted about daily living in his neighborhood context:

My whole thing is like, living, you can't live your life scared. How you going to live, living your life scared all the time? I mean maybe it's being cautious, that's good. Being scared all the time? Now it's like, my whole mind-state is, I'm a live my life. When it's my time to go in the end, people say that's, it's a horrible thing to think, but if it's my time to go there's nothing I can do about it.

Reggie's acceptance of mortality is partly grounded in his Christian faith and belief in the sovereign will of God to allow or prevent his death from happening. In the midst of chronic threats to his physical and psychological safety, Reggie is determined not to live a life governed by fear of death or violence. Instead, he is resolved to consistently exercise caution as a strategy to protect his physical safety and to safeguard his mortality.

Chris (18 years old) is also committed to resisting fear's ability to govern his movement and daily interactions throughout the city. His narrative deepens our understandings of this strategy for both physical and psychological health and well-being.

I feel as though ain't nobody gonna scare me from around no where...to the point that I don't want to come around there no more. I'm not scared of no man! I fear no man, why? Who are you to fear? You're just like me. Ain't no different. You bleed how I bleed. You walk how I walk. You eat, I eat. We're both human being and like I'm not scared of you. So no, it's no neighborhood that makes me feel like I shouldn't walk through. But it's neighborhoods that I know when I'm walking through there to be on point, basically. Watch my steps, watch where I— basically watch my surroundings anywhere that I know it's definitely a lot of killing around.

For Chris, refusing to be intimidated by another community member is grounded in a sense of shared humanity that for him reduces the psychological threat of violence in his daily life. Yet like Reggie, this strategy is dually successful in constructing a sense of both physical and psychological safety when it is paired with caution. This is centrally critical when spatially navigating neighborhoods where a higher rate of lethal violence or killings is established. Throughout the city, but especially in these deadly pockets or neighborhood hot spots for violence, it is necessary to be *on point*, or hypervigilant.

**Hypervigilance.** In the DSM-IV-TR (APA, 2000), hypervigilance is a symptom of posttraumatic stress disorder that is categorized under the symptom cluster of arousal. As a reminder, arousal symptoms describe psychological and physiological traumatic responses where the individual is at a heightened state of alert or may be seemingly on edge or exhibiting jumpiness. Along with hypervigilance, other arousal symptoms include difficulty sleeping, exaggerated startle response, irritability, and difficulty concentrating (APA, 2000). While the latter four symptoms of arousal are present within the participants' narratives, it is the arousal symptom of hypervigilance that is most pervasive and almost uniformly discussed across interviews.

Living, learning, working, playing, and fathering in the context of trauma and the persistent threat of danger requires young men to be *on point*. Life course exposures to violence, primarily through direct experiences of violent victimization (e.g. getting banked or jumped), quickly socialized young men to remain *on point*. Grounded in young men's narratives, the strategy of being *on point* can be conceptualized as an intentional state of alertness and heightened awareness where young men must keenly and constantly observe their physical and social environment in order to anticipate and/or quickly react to danger, specifically the threat of violence. As Tony (18 years old) explains:

I'm always, like, with it. I'm always on point...I have to be aware of every situation. 'Cause anything can happen at any time...you can hear gunshots are happening everywhere, you can be in a close place where somebody has a gun or you can get stabbed. I'm just prepared.

Being *on point* also involves a sophisticated awareness and analysis of body language, voice tone, and social interaction that helps young men discern the likelihood of a violent incident. Chris (18 years old) describes the attentiveness required of this safety strategy:



Like, I got the point whereas though I know when something's gonna go wrong, or like I can see it, like Yo didn't just look at me like that for no reason or like it's a vibe that people give off, basically. And I don't ever walk with my head down so I catch eye contact with everybody that I walk past, basically.

Young men also mentioned keeping a mental dossier of typical response patterns of community actors that helped them distinguish routine or benign confrontational interactive styles (e.g. subtle cues; tone of voice; look in eyes; posturing, etc.) from scenarios that pose an immediate threat of lethal escalation.

Ricky (20 years old) introduced me to the actors he monitors in his neighborhood so that he knows how to appropriately respond in order to remain safe.

See certain people do certain things. If you know, such-a-such, all he do is fight. He ain't really too bad of a person, but he ain't gonna be scared to fight nobody. Then you know like, yeah, he gonna fight somebody! But the game get changed up when the person who you know always fights, they try to fight somebody really aint *with* fighting. You know, somebody that likes to pick up guns and stuff. And that's when stuff just starts getting' crazy and outta hand. Like, you got your fighters and you got your ones that don't got no shame in they game. They don't care about nothin'. And the shooters. So you know when the fighters are goin' to be fighting. Like, you know, "oh aight, they just gonna fight" and after that they can walk past each other. They probably won't say, "Hi," they probably won't shake each other hand, but they can walk past each other. Now some people [have] too much pride, or not even that, you don't know what that man thinking or he might be really crazy in the head, and you got a person, don't even talk that fightin' stuff to *him* 'cause he ain't gonna be with that. He gonna wanna do something to really harm you. So, yeah, I know different people call for different type situations.

Altogether, the strategy of being *on point* serves to prepare young men for exposures to indirect violence (e.g. witnessing) and protect them from direct exposures to violence (e.g. experiencing). The strategy of being *on point* requires a lot of focus and energy, but as Matt (19 years old) said, "It's a lot of work to keep your life."

***Watching your back and your surroundings.*** An essential behavior of being *on point* is constant surveillance of your environment. Young men must constantly stand

guard as to anticipate danger before it happens and avoid it, or realize it immediately and escape it. Across interviews, young men noted the ability to perceive threat in the environment as essential to survival.

I just be mindful of my surroundings, I don't ever be loafing, for real. I stay on point. I never let my guard down. Anywhere you go. Have to stay alert at all times. Doesn't matter where you go, anybody can just go at you for real, and just take your life for real...I'm just like, 'Adam, you have to stay on point cause anything could happen, for real.' I don't want to lose my life. I want to live, you know...

Matt (19 years old) credits his being *on point* as the reason he survived a shooting (see p. 17 for a fuller description of the event). At 17 years of age, he was sitting on the front steps with his best friend and an acquaintance when a young man who had lost a fight with the acquaintance earlier in the day returned to retaliate. He opened gunfire on the three young men sitting on the steps but was unsuccessful in injuring them.

I seen him before all of it happened. That's why we got away and we ain't get hit 'cause I was already on point. I seen it coming, so...He was just walking across the street like—and that's what I mean by when I say I be watching my surroundings 'cause like you could be sitting right here but you still got to watch people that walk from that way, people that walk from that way and you got to know who getting ready to walk up on you so. You got to be aware of your surroundings, so... I just thank God that I *did* see it coming cause if I didn't then he could have been close up on us and that would have been our last time seeing this, the daylight.

For Matt, being *on point*, even on the front steps of his home, helped save his life and the lives of his peers.

Despite having to be engaged with other tasks, activities, or interactions throughout the day, young men must constantly split their attention so that their physical safety and integrity is maintained. While often globally applied across settings, this skill is particularly important when navigating; 1) a new space, 2) a different neighborhood than your own, or 3) a local hotspot that is known for its violence and homicides. Antwon

(18 years old) lives in the neighborhood hotspot of Cherry Hill. While many young men like Chris (18 years old) discussed avoiding Cherry Hill, and other neighborhood hotspots, as a safety strategy, Antwon does not have this luxury because he lives there.

In recent years, Cherry Hill has contended for the top locality of homicides in Baltimore City. While improving, it still comes in 49<sup>th</sup> place of Baltimore's 55 neighborhoods on the health outcome of homicide (1 = best; Ames et al, 2011). Antwon noted the improvement reporting, "the kill rate like done went down a lot 'cause it used to be like six killings every week." While there is block variation in the frequency and lethality of violence within the Cherry Hill neighborhood, Antwon is familiar with the safety of most blocks in his neighborhood and he takes precaution accordingly. "I just, if I go through somewhere and I know it's hot or I know it's dangerous, I just watch everything. I watch everything. You can better react to something if you know it's coming. So I just watch everything."

Mekhi (20-year-old father and SUP graduate) resents the fact that he has to be hypervigilant. Mekhi was born and raised in Baltimore and graduated from the SUP program two years ago. He presently works part-time as a Student Advocate with a community based mental health intervention at the SUP program. When Mekhi is working at the center, he finds reprieve from the constant threat of danger in the broader neighborhood. At the SUP program center, his role as a Student Advocate, the center's community of staff and students who are striving for upward progress, and the center's anti-violence policies offer him a safe space during his work hours. However, this sense of safety quickly disappears with each step he takes away from the center's front door. As the physical distance between his present location and the SUP center grows, his

changing environment activates his “body’s alarm system”. Mekhi’s described his frustration in his extended narrative:

One thing I’ve noticed is when I’m here, I’m a totally different person. You don’t have to worry about my alarm system being on. But when I leave here like it automatically cuts on...As soon as I get to walking up the street and I leave this area like a block up the street and {snaps finger} my body alarms and I’m no [longer] a John’s Hopkins employee, I’m an average guy walking up the street. You know, it’s just a different feeling... it’s like by me knowing I don’t commit any crime, I shouldn’t have to look over my shoulder every five seconds. But it’s like when I’m in that environment, all of that’s out the window... but when I come around *this* atmosphere, it’s, it’s, it’s *totally* different... Like when I’m here I can just focus on the work that I have to get done. Like I can, I can talk, have a conversation. I don’t have to, I don’t, I don’t have to worry about confrontation in the neighborhoods...you don’t have to worry about every car and everything that’s pulling up, but in that environment...I guess it’s by me being raised around that atmosphere for my entire life... just off the things that I’ve seen and off of things that I’ve heard...You don’t just let everybody walk up behind you, you watch out for people creeping out the alleys, every car that pull up, you make sure you see how many people that’s inside the car cause, I don’t know, I guess it’s the situations that I’ve been through that keep my alarm system on at all times. When your body’s alarm system comes on {snaps finger} and it can’t be shut off, that’s when it becomes a problem.

In Mekhi’s neighborhood, education and employment status do not confer safety.

Each day he works at the center, he straddles two worlds: One safe and one dangerous, one trauma-reducing and one trauma-inducing. In the safe environment of the SUP program center, Mekhi can relax. He can be fully engaged in conversations and can give his full focus to his work without having to divide his attention. He does not have to be *on point*. However, once he leaves the building and moves into the broader community, his cumulative experiences of trauma and exposure to violence alert his brain that he needs protection. Mekhi’s narrative likely articulates the psychophysiological processes happening within his nervous system as his brain prepares him to react potential threats in his physical environment. However, as Mekhi indicates, because of the chronic threats to his physical and psychological safety, his alarm system cannot simply shut off and

remains activated and heightened indefinitely, an experience research is beginning to demonstrate as problematic for health and behavior over the long term.

In an effort to reduce risk of further exposure to violence and violent injury, and to reduce the hours he has to spend *on point*, Jesse (20 years old) has resolved to reduce the time he spends outdoors. “I don’t hang out outside like that because people crazy now. Like you could get shot broad daylight. I ain’t with that.” Howard (23 year-old Newark, NJ native) identifies with Jesse. He admitted that the threats in his neighborhood have him paranoid to traverse his community. In addition to spending as much time indoors as he is able, his fear of violence once directed him to carry a gun. Howard no longer carries a weapon and for him, this intensifies his focus in remaining *on point* when out in the neighborhood.

Cause of the craziness that’s going on in the neighborhood, I ain’t gonna even front, I be paranoid as heck going to them stores. When I have to come outside, it’s like I always got to watch my back, always got to look over my shoulder. Somebody’s always trying to do some stuff out there. Always. Trying to rob somebody or kill them, pretty much. So I always gotta be like on point. I mean at one point in time, it was a point where I did carry a gun on me and stuff like that. But I mean, I just stopped. I was like, freak it. But I was making sure I was on the lookout and everything.

Fear and hypervigilance can increase the likelihood of young men carrying a weapon to protect themselves from the threat of violence in their neighborhoods. However, as Santana (20 years old) told me, carrying a pistol (or knife) can actually facilitate violence because he is more likely to immediately draw and discharge a gun when a threat is perceived in his environment. Instead, he often walks with his Pit Bull and keeps vigilant of violence in his surroundings.

Though inextricably connected to young men’s trauma histories and exposures to violence, being *on point* and watching your back are agentic strategies developed by

young men in an effort to take back control over their bodies and construct safety. To an outsider (e.g. someone unfamiliar to violence in urban contexts and/or young, Black men's vulnerabilities in these contexts), this behavior may be perceived as pure paranoia or being "jumpy" or on "edge". However, when these behaviors are considered through the lens of trauma, exposure to violence, and discriminatory policing, they can be more clearly interpreted as agentic strategies for survival.

*Watching people and keeping a small circle.* Being *on point* not only required young men to carefully watch their surroundings, it also mandated that they meticulously observe the people in their proximal space. Repeated exposures to violence conditioned young men's eyes, ears, and instincts to attune to danger in the environment. Direct experiences of violent victimization affirmed the necessity of strategy. Marshall (18) was robbed and then banked by four males on his way to the Light Rail (public train) after visiting his girlfriend. When the four boys walked by him, Marshall had a "weird sense" that they were going to approach him. However, by the time this inclination registered, the boys had already surrounded him, demanded his possessions, and began to jump him. He walked me through his cognitive processes as he was getting banked:

I'm just playing the whole situation through my head while they just punching me, stomping me and all that stuff...How am I gonna get up? How am I gonna try to defend myself if they got knives? And just was like...I'll take the fists and the kicks and all that kind of stuff, I'm like "God, just don't let them stab me." That's all I want. I don't want to be walking to the Light Rail grabbing my side or something cause I'm leaking...I'm not gonna be able to, like somebody's gonna have to call the hospital...they not gonna make it there in time...and all that kind of stuff. And...I heard a flick of the knife while they was doing it and like, that's when I did like that silent prayer in my head while I guarded my face and made sure I was protecting myself...after I said that prayer I just heard one of the boys like, "You know what, he ain't even worth it, Yo. He a school boy. Just leave him alone." And yeah, they just left and I had the side of my face swollen. I was bleeding from my ear. Um, think I had a busted lip. My ribs was hurting and some more stuff. But, I crawled up the hill and just started walking slowly on the track

or whatever and I asked somebody if I could use their cell phone...I just was thinking to myself, just—the first thing I when I was walking, I just looked up to God and was like, “Thank you for saving my life” that could have been the end of it right there.

Marshall was grateful to God for preserving his life. Surviving this beating taught Marshall to trust his instincts about the people sharing his space. However, it also contributed to his increased hypervigilance and focused scrutiny of males. Although unlikable, his lived experience demonstrated the necessity of being *on point* concerning those in his environment.

I don't like looking over my shoulder and looking at people and just males period. Just walking, like every person now, like, if I don't know you and I walk past you, I'm looking you directly in your eyes, I'm watching your whole body language to see exactly what you're doing.

Marshall now watches males in his community with a cautious eye. He does not want to miss any signals that he may be in danger. He does not want to be violently injured again. He does not want to have his life threatened again. His traumatic experience significantly impacts his social interactions with males in his neighborhood.

Marshall is not alone in his experience of violence or his response to it. In addition to remaining *on point*, experiences of life-threatening violent victimization often prompted young men to apply the same level of caution and scrutiny required to sense danger in their physical environment to their social relationships. After Shawn (23 years old) was held at gunpoint by his god brother, his eyes were opened to the reality that hypervigilance, specifically, the careful observation of others, was necessary with both newly introduced persons in his life as well as his existing network of peers that he considered to be friends and family.

Any person I encounter, I really have to just really get to know them, get a feel for them. And if I don't, I'm really not going [to] be welcoming to them cause I

mean, come on homeboy, I'm like a real nice person but it's like, I just don't really like to socialize with people until I really get to know them. Cause I mean, the guy who pulled a gun on me, he's basically my god brother, and it's like, I see him every day, like we live in the same neighborhood, and I mean when he did that, that made, that opened my eyes.

Following a direct exposure to violence, hypervigilance in the context of social relationships resulted in young men carefully assessing their peer network and distancing themselves from peers that posed a threat by way of potential direct perpetration (e.g. Shawn), invitation of victimization from other peers or peer networks (e.g. Matt and Reggie), or unwillingness to help watch each other's backs (e.g. Redz). As previously mentioned, the trauma of violent victimization by other peers prompted young men to keep a *small circle*. Matt articulated what he learned about social relationships and the necessity of keeping a small circle as a result of being shot at on his front steps.

It changed me by knowing how people be or knowing how people do things and can't come around, and when they do come around and sit around, they won't tell you what's going on and stuff like that. Now I know people out here that's like that and I just know I can't be around a selected few people, I can't. I can't sit around them. I can't communicate with them. I don't even want to look at them. But, that just showed me how to just keep my circle small, real small. 'Cause when you let more people into your circle that's when a lot of things start to happen...to avoid all that it could just be me and my best friend. We don't got to worry about nothing or worry about nobody else nonsense or nothing. So we know what we got coming if anything do come for us and we know that we don't do no dumb stuff like going around messing with people and just picking on people for nothing s we know we got the least of worries for something to come to us. So that's how we knew for a fact that when we're sitting out there that day, when the shooting happened, it wasn't for us.

Like Matt, many young men in the sample kept a small circle as a strategy to safeguard their lives and increase a sense of perceived physical and psychological safety. The result was a small circle of trusted friends with whom young men considered to be their best friends or their brothers. These peer relationships were characterized by open communication and strong connectedness as young men entrusted their safety to each



other. For young men living in the context of chronic threats to mortality, this is likely the highest level of regard that could be extended to a peer. Therefore, the relationships with young men in their small circle were very intense and intimate. Losing any one of them to violence was a huge blow.

## **Chapter 6: Peer Homicide and Traumatic Loss**

The unpredictable and chronic violence in Baltimore City resulted in 105 total experiences of peer homicide among participants in this sample. These incidences of homicide death created experiences of traumatic loss and grief in the survivors. For 11 of the young men, these experiences were intensified by the experience of witnessing peers murdered. Using an adapted life history calendar method (e.g. *chronologies of loss*), this chapter examines the incidence and pervasiveness of peer homicide and traumatic loss across the lives of young, Black men. In the first section, I describe the *chronologies of loss* tool I developed to document young men's experiences of loss across the life course. I also report the total deaths and specific disparities of homicide and traumatic loss documented within the sample. In the second section, I examined the data for variation and patterning. Preliminary observations of frequency, timing, and clustering of peer homicide deaths are explored. In the final section of this chapter, I give story to these data by presenting three case studies of young men's (Luther, Dennis, and J.R.) experiences of peer homicide and traumatic loss.

### **Chronologies of Loss**

During interviews, each participant constructed a chronology of loss. This chronology: 1) provided a complete history of loss; 2) specified the cause of death (e.g. cancer, cardiovascular concerns, HIV/AIDS, car accidents, drug overdose, asthma, homicide, etc.); 3) determined a specific frequency of homicide deaths; 4) indicated participants' relationship to decedents (e.g. brother, cousin, etc.); 5) identified the developmental timing of deaths; and, 6) rated the intensity of each traumatic loss. These

tools provided me with a rigorous, systematic approach to understanding traumatic loss over time.

I reviewed each chronology and quantified these data by summing the total number of losses for each participant, and then calculating his subtotal of homicide deaths reported. In this section, I report the total deaths participants disclosed in their interviews through their chronologies of loss. I then focus my analysis on participants' total homicide deaths (e.g. peer and non-peer), with specialized attention paid to participants' reports of peer homicide.

**Total deaths.** In this sample of 40 young, Black men ages 18-24, participants experienced a collective total of 267 deaths of family, peers, and important adults (e.g. church member or counselor; See Appendix F Participant Index). This averages out to approximately seven deaths (range: 1 – 24 deaths) per participant across their 18-24 year lifespans. Statistically, this translates into a death-related loss every 2.5 – 3.5 years for young men in this sample. For example, Tony is 18 years old. On average, these numbers suggest that he experienced a loss at birth and ages 2.5, 5, 7.5, 10, 13.5, and 17. This maps out to an average of two deaths per developmental stage: early childhood (0 – 5), school age (6 – 12), adolescence (13 – 17), and emergent adulthood (18 – 24).

These numbers demonstrate a disproportionate burden of loss and grief experienced by this sample of young, Black men across the life course. They are consistent with overall disparities in death in the United States, with African Americans, Black males in particular, experiencing the highest national rates of morbidity and mortality (Boyce, Willis, & Beatty, 2012). However, they also suggest a perpetual experience of bereavement across the life course where just as young men are moving

through an experience of grief they are confronted with a new experience of loss. This continuous state of bereavement can complicate young men's abilities to recovery and heal from any one loss; young men on average experienced seven deaths.

It is worth noting that this collective total of 267 deaths is likely an underestimate of this disparity as participants often remarked, "I'm forgetting someone" as they constructed their chronologies of loss. When I sat down with Tony to construct his chronology of loss, he immediately expressed his belief that the exercise was impractical given the volume of death-related loss he experienced in his 18 years of life. When I asked him how many deaths he experienced he guessed, "Like over a hundred people. Some of them I probably even forgot. I would really have to think about all the people." As we attempted to construct his chronology, I wrote as he did his best to recall all of his losses. Tony quickly revealed his frustration with both the number of losses he experienced and his inability to remember all of them. "*Oh my goodness, it's so many.* Um, how many is that?" I told him I recorded 24 deaths. "Ugh, there's so much more! Can I stop right now?" I honored his request and we proceeded with his interview without recording his full history of loss.

**Homicide deaths.** After summing the collective total of losses experienced within the sample, I then totaled the number of deaths that resulted from homicide. Of the 267 total deaths reported by participants, 45% or 119 of them resulted from homicide (See Table 6). These numbers were based on the reports of 37 young men in this sample, as three did not experience a traumatic loss resulting from homicide. Among the 37 homicide survivors, this averages to approximately three homicides per participant in this subsample. There was a broad range in the length of time since the events of homicide

both within each participant's individual history of loss and across the experiences of the subsample as a collective (range: 1 month – 14 years). Of the 119 homicide deaths, 11 participants witnessed 13 peer homicides (Mekhi and Reggie each witnessed two peer homicides). The developmental timing of these experiences of traumatic loss and witnessing homicide varied across participants and will be discussed in the examination of data patterns later in this chapter.

Table 6

*Decedent Summary Table*

<b>Peer Homicides (105)</b>	
Relational Tie to Decedent and Frequencies	<ul style="list-style-type: none"> <li>• Biological Peers (20) <ul style="list-style-type: none"> <li>• Brothers (2)</li> <li>• Cousins (18)</li> </ul> </li> <li>• Non-biological Peers (85) <ul style="list-style-type: none"> <li>• Male Peers (78)</li> <li>• Female Peers (5)</li> <li>• Community Members/Big Homies (2)</li> </ul> </li> <li>• Unnamed Countless Others</li> </ul>
<b>Non-Peer Homicides (14)</b>	
Relational Tie to Decedent and Frequencies	<ul style="list-style-type: none"> <li>• Significant Adult Males (8) <ul style="list-style-type: none"> <li>• Fathers (1)</li> <li>• Step-Father (1)</li> <li>• Grandfather (1)</li> <li>• Uncles (5)</li> </ul> </li> <li>• Other Significant Figures (6) <ul style="list-style-type: none"> <li>• Mother (1)</li> <li>• Grandmother (1)</li> <li>• Aunt (1)</li> <li>• Friend's Mother (2)</li> <li>• Friend's Baby (1)</li> </ul> </li> </ul>
<b>Homicides Witnessed (13)</b>	

*Non-peer homicides.* Of the 119 homicides reported, 14 deaths were of non-peers (See Table 6). Five of these deaths involved maternal figures, one of them involved the murder of an infant, and eight involved significant adult male figures. Of the paternal figures, uncles were overrepresented among the homicide victims ( $n = 5$ ). Wayne (19 years old) witnessed his uncle's murder when he was a young boy.

My uncle was killed in front of me when I was 6. He got hit in the head with a metal bat. And he dropped and was just shaking and shaking and shaking and shaking and he started spitting out *foam*. Start spitting out *blood*. His daughter was right there with me, and my father was there, my grandmother was there, my grandfather—everybody hysterical, don't know what to do. And I was just stuck. Just looking at him. Didn't know what to do. I mean, he got hit, *hard*. When he got hit, the dude hit him, and walked off like he didn't do nothing. He hit him, then walked off like he just came from a baseball game. Bust the whole back of his head, just pushed in and blood was squirting.

Wayne reported that he did not verbally communicate (e.g. selective mutism<sup>8</sup>) with anyone in his family for over a year following the murder. Although Wayne was not particularly close to his uncle, witnessing his murder was a significant early experience of trauma for him. As he shared “just seeing that, that vision, head on, seeing a dead body, seeing him alive then dead, in a matter of minutes, it frightened me. I don't think I been right ever since.”

Like Redz (19 years old), who witnessed his first homicide at 7 years old, Wayne perceived this early experience of trauma as a significant turning point in his life. However, unlike Redz, Wayne did not witness this homicide alone. In Wayne's case, multiple members of his immediate (e.g. father) and extended (e.g. grandparents and cousin) family experienced both the trauma of witnessing the homicide and the loss of his uncle. Although this dissertation focuses on the experiences of individual young, Black, male homicide survivors, Wayne's narrative is a reminder that the experience of traumatic loss and homicide survivorship is one that is shared across multiple ecological systems levels (e.g. individuals, families, communities, racial-ethnic groups, etc.).

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<sup>8</sup> Selective mutism is a condition in which a child who can speak stops speaking, usually in school or social settings. (National Library of Medicine, 2012)

In Ramel's family, the disparities of homicide and traumatic loss are intergenerational phenomena. The traumatic loss of homicide is a generational pattern among firstborn males that he is working to interrupt.

Like every generation, the oldest male dies or get killed in the streets, every generation. [My uncle] was the oldest male, my great uncle was the oldest male way before him and it's like, that's another weight that's put on [me]. I got to be the one that stops the curse.

Although Ramel (22 years old) got into some trouble in his teen years following the death of his uncle who was his beloved father figure, he is committed and progressing toward "breaking the curse." Two weeks prior to his interview, he graduated from the SUP program and became the first male in his family to obtain his High School diploma, joining only his aunt in this family accomplishment.

Ramel is a big guy—tall and stout. He is cool and composed—rarely overly excited, rarely anxious or upset. Nine minutes into his interview, Ramel started crying uncontrollably as he tried to rate the impact of his uncle's homicide death on his life. For the first 30 seconds I sat silent, yet supportive as he cried. I then offered him tissues and asked if I could put my hand on his shoulder. He agreed and continued to cry. A minute later, I asked Ramel if he could try and put words to his tears. His voice cracked and he choked back his tears as he spoke:

Like...it's...my uncle died when I was fourteen. He died in this month and it's almost around the same time now. It's almost around the time he died... Every year, like I said like he died in 2004, it's 2012 now and...every year since then, around this time between the middle of July to the middle of August...I breakdown. It's just, I'd rather just be alone and think about stuff like even when I—even when people are around I'm still by myself. I block everything out. I block my surroundings out and everything like...gives me more time to think. But the more time I got to think, the worst things seem...I really stay to myself like that's why I think I can never find the words to talk about it...I never can find the words and I don't say nothing to my mother and them 'cause I don't want them to get upset and start thinking about it. Cause like, they do good now and like they,



they like accept the fact [that's he's dead] and I think I'm the only person that still don't...like, I accepted it...I know I'm a see him again...Like that's the last role model that I had. Like no matter what he did, positive or negative, he was like the last male role model that I had. Like my father, he there, but my uncle was that father figure... It's like now when I need somebody to talk to, I'm mad 'cause he's not here. Like I don't want to talk to nobody else but him.

The traumatic loss of Ramel's uncle when he was 14 years old was devastating for him. Eight years later and his grief was equally intense if not deepened by years of independently processing the loss and discovering the fullness of what he lost when bullets permanently separated his uncle from his family. Ramel reported learning why his uncle was murdered; neighborhood speculation provided that answer for him. Eight years later, his inability to answer the question of why the police have not fully investigated his uncle's death kept Ramel stuck in his grief.

Although the experiences of traumatic loss and grief resulting from peer homicide are the foci of this dissertation, Wayne and Ramel's stories of traumatic loss are included here to illustrate the breadth of young men's experiences as homicide survivors. Participants' experiences of homicide survivorship are not exclusive to their peer networks. Young men's family relationships are also impacted by the traumatic loss of homicide. Wayne and Ramel's stories demonstrate how family systems are frequently buffeted by the traumatic loss of key members (e.g. parents, grandparents, aunts, and uncles). Early experiences of homicide deaths in family networks, particularly of paternal figures, may facilitate an early awareness of Black men's vulnerabilities to violence and homicide, and may inform how young men respond to subsequent experiences of peer homicide along the life course. While peer homicide is the focus of this study's analyses on traumatic loss, grief, and survivorship, it is important to acknowledge and maintain an

awareness of participants' broader life course experiences of traumatic loss and homicide (e.g. the 14 non-peer homicides reported).

*Peer homicides.* The remaining 105 of 119 homicide deaths reported by the subsample of 37 young men were peer homicides. Eleven of these homicides were witnessed and a case example of a young man who witnessed the death of his biological brother is discussed in the next section. As a reminder, for the purposes of this study, peers are conceptualized as persons of the same age group with whom participants share relationship, biological or social. Of the 105 peer homicides, five deaths were of female peers (See Table 6). This statistic is also consistent with local and national violence data, which evidence the disparate rate of homicide by gender and the specific disparity of homicide among Black Males (Bureau of Justice Statistics, 2010). Of the 100 male peer deaths reported in this sample, 20 decedents were biological peers and 80 were non-biological peers. At the time of their interviews, young men reported surviving a collective total of 19 male peer homicides in the year 2012 alone. This represents 10.2% of the total 186 homicides of Black males in Baltimore City in 2012.

Also included in young men's reports of peer homicide were two high profile murder victims. Many young men in the sample referenced Trayvon Martin while discussing their perceptions of racial injustice in the handling of the police investigations of their deceased peers. However, one young man, Andrew (22 years old), included Trayvon Martin on his chronology of loss. He strongly identified with Trayvon and with his family's grief and sense of injustice as homicide survivors. This prompted Andrew to include Trayvon Martin on his timeline. He also drew a memorial to honor Trayvon Martin and gave a copy to me to keep. Tony (18 years old) included, Phylicia Barnes, a

16-year-old girl living in his Baltimore neighborhood who was abducted in 2010 and whose body was later found in the Susquehanna River. Tony identified with Phylicia because they were the same age and she briefly resided in his neighborhood.

It is worth reiterating that the total number of homicide deaths reported by young men in this sample is likely an underestimate of their experience of traumatic loss and homicide as they often: 1) experienced a clustering of homicides which fused together in their memories, often making it difficult to remember all of the losses individually; 2) often responded to traumatic loss through cognitive avoidance or efforts to forget the deaths; and 3) referred to countless, nameless other classmates and community members who were killed. As Ramel (22 years old) shared while starting his chronology of loss:

Funerals were too close together like too many losses at one time and I can't remember. I try to block all of it out. And I guess I can't say try now cause I did to the point that I can't remember when they died. That's crazy though. Most of them was just like a lot of friends.

The prevalence of peer homicide among this sample of young Black men reflects the disparity of homicide among Black males both locally in Baltimore City and nationally (The Baltimore Sun, 2013; Bureau of Justice Statistics, 2010). It also reveals the disparity of traumatic loss and the unequal burden of homicide survivorship among this group. These data also begin to provide insight into the disproportionate experience of traumatic loss and grief among community networks. Several young men in this sample knowingly and unknowingly grieved shared losses. Based on participant reports of decedent names, years of death, circumstances of death, media coverage, and Facebook threads, I identified four deaths that were each grieved by multiple young men in this sample. While individual grief responses to these losses were diverse, these data

are a first step toward future efforts to capture and examine diffusion of grief within neighborhood networks post-homicide.

This network experience of loss and trauma highlight how experiences of violence, traumatic loss, and grief link the lives of young men and community members in urban contexts. One perpetrator's act of violence can create ripples of trauma, loss, and grief across the lives of many people and establish a network of homicide survivors. An example of this rippling effect in the linked lives of participant Mekhi and his deceased peer, Jeremy, is presented in chapter eight. Future directions involving the use of network analysis and geo-mapping are revisited as future directions in chapter 11, the discussion.

Young men varied in their relational connectedness to the decedents. As we constructed the chronologies of loss, I asked young men to consider the impact of each death on their lives and then rate the intensity of each loss on a scale of 0 – 10+<sup>9</sup>. Deaths of former classmates or guys from the block that they considered acquaintances were most frequently assigned a lower rating (e.g. 0 – 3). Deaths of old friends with whom participants once shared a relationship but did not maintain consistent contact with were most frequently assigned a mid-range rating (e.g. 4 – 6). However, the deaths of close peers (biological or social) who young men considered to be brothers were consistently assigned the highest ratings (e.g. 7 – 10+). These losses significantly impacted young men and the intensity of these losses were often assigned higher ratings than the deaths of family members who died from natural causes. Although information was gathered about

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<sup>9</sup> Each time I asked participants to do this, I acknowledged this was a simplified attempt to capture the impact of the loss and that in no way could loss of loved one be reduced to a scale of 0 – 10+. This was important in validating the impact of loss in their lives.

peer homicides that were ranked lower in impact, interview discussions of traumatic loss and grief centered on the peer homicides that received the highest ratings.

### **Variation and Patterns: Frequency, Timing, and Clustering of Homicide Deaths**

Preliminary analyses of these aggregates of homicide death suggest variation in the frequency, developmental timing, and clustering of homicides across participants' reported experiences. Again, this variation is based on the experiences of the subsample of 37 participants who experienced one or more traumatic losses as a result of homicide. I found variation in the frequency of homicide deaths, with a range of 1 – 10 homicide deaths per participant. Of this subsample ( $n = 37$ ), only three participants experienced a singular incidence of homicide death along the life course. The remainder of participants ( $n = 34$ ) experienced a multiplicity of homicide deaths. Among these 34 participants, 12 each survived two homicide deaths; 9 each survived three homicide deaths; 4 each survived four homicide deaths; 4 each survived 5 homicide deaths; and, 4 each survived six or more homicide deaths.

I also found variation in the developmental timing of young men's initial experiences of homicide death. For some young men, initial experiences of homicide death happened in the early childhood ( $n = 2$ ) and school-aged years ( $n = 11$ ), creating an awareness of premature death and vulnerability early in the life course. The majority of young men survived their first homicide in adolescence ( $n = 15$ ), and the remainder of participants survived their first homicide in emergent adulthood ( $n = 9$ ).

Although no clear trajectories were apparent in the data, some patterns emerged around the clustering of homicide deaths. In this sample, the majority of homicide deaths reported by participants occurred in adolescence (56 of 119 total homicides) and

emergent adulthood (48 of 119 total homicides). In addition to being the periods in which the majority of young men survived their first homicide deaths, experiencing a multiplicity of loss was also most likely during these two developmental periods. Prior to adolescence, only two participants had survived more than one homicide. However, during the adolescent years, an additional 16 young men survived two or more homicide deaths and in emergent adulthood, an additional set of 16 young men survived two or more homicide deaths.

Altogether, young men were most vulnerable to experiencing a traumatic loss resulting from homicide during the developmental periods of adolescence and emergent adulthood. I discovered a similar turning point in the developmental stage of adolescence within the narratives of three participants, Redz, Rashawn, and Ricky. Each of these young men described a definitive shift in their mental and behavioral health during adolescence. Each young man used different language to name the turning point. Redz referred to this turning point as “it’s over.” Rashawn referred to this turning point as “rampage.” Ricky referred to this “crying out for help.” Though named differently, this turning point was qualitatively similar across participants.

After experiencing a multiplicity of losses that young men rated a 9 or 10 (0 = no impact, 10+ = great impact), young men described deliberately engaging in reckless behavior despite full knowledge of the consequences and displaying rage in their social relationships. As described in Redz case study, his turning point involved increased distancing and unleashing rage on those around him. Small slights resulted in lethal violence. This turning point occurred immediately following the witnessing of his friend

Gideon's homicide just one year after his cousin Malik was murdered. Redz was 17 years old.

Rashawn's rampage followed the double homicide of his close friend and street mentor. Rashawn described his rampage, which started when he was 16 years old:

I really started going off. Like I ain't even care about nothing no more after that. I was selling drugs in front of the police and all that. I ain't really care about nothing. Getting locked up left and right. Come home, get locked up two days later. Like it was just crazy.

In addition to naming this turning point, he dubbed this period his "I don't give a fuck stage." This period of deliberately engaging in risky behavior lasted several years for Rashawn. He also felt increasingly vulnerable to homicide during this period. He shared, "It was a time I thought I wasn't gonna see 18." For Rashawn (21 years old), this stage quelled with a long stint in juvenile detention that happened when he was 16 years old.

For Ricky, his "crying out for help" turning point happened when he was 13 years old following the homicide of his friend's mother that occurred just one year after his best friend was killed. His best friend was 12 years old when he was murdered. This traumatic loss created an earlier turning point where Ricky described putting down childhood games and becoming alert for bullets:

It changed a lot of things. I just started caring less about, um, childhood stuff. You know, like playing football and all that. You know, just little child stuff. I didn't care too much about that—Try to make me grow up a little faster too. It made me, watch for stuff I'm not even suppose to be watching out for, like, you know, like stray bullets and all types of stuff, when you know, shouldn't no child should be worrying about stuff like that, you know. People coming through, trying to rob you and stuff like that. Shouldn't nobody be worried about that. But at a young age it made me, start looking and open my eyes more. And yeah, watch my surroundings and stuff...It messed me up but I was still young, like. Even though I knew about people getting killed and stuff it still it didn't clicked with me yet. Shit, it messed me up, though. No more playin' football. No more, you know, ridin' bikes and stuff and all of that.

As Ricky described, his childhood died along with his best friend. He no longer had an interest in innocent childhood games and he no longer had his best friend to play them with if he were interested. After his childhood best friend was killed, Ricky discussed engaging in delinquent behavior. Instead of riding bikes like he used to with his best friend, he began to steal them. Eventually, he was locked up in a juvenile detention center.

When released, he was assigned to a community service program for adjudicated youth ran by a local church. He engaged with this program and was working to “get on the right track” and it was working. He enjoyed the program and made two friends there who were brothers. However, Ricky’s progression and engagement with the program was disrupted when the boys received word that their mother was murdered. After learning the details of the homicide death of his friends’ mother, Ricky felt hopeless.

Ricky described this as his breaking point. “I just stopped caring, for real. Made me careless and hopeless, for real.” He discussed being deeply impacted by his peer’s homicide, but that he managed to move forward beyond it. However, the homicide of his friend’s mother set him back. He described the changes in his behavior that followed:

I'm just in school every day telling the people "F-U" and stuff like that. You know, smackin' people, just *getting* in trouble, just *wanna* get in trouble, you know like, seemed like I'm crying out for help for real like. I just *wanna* get in trouble, but I ain't really cryin' out for help. I am, sorta, but it's like, just doing stuff. I don't know just getting in trouble around the neighborhood, you know, throwing rocks in people's window and just sitting there waiting for the person to come, just so we can jump out and, you know, try to fight 'em or something. This is, all type of stuff, like, stuff that could get *me* in trouble or get me harmed, and stuff like that. I didn't care, or I wasn't thinking like that, you know.

Ricky’s processed his pain and the trauma of experiencing two traumatic losses through his behavior. His risk-taking behavior is consistent with youth who have experienced



trauma or a recent death (Balk & Corr, 2009). However, as a young Black male in his low-income Baltimore neighborhood, the perception and consequences of his expressions of pain and trauma are differential. As articulated by Rich et al. (2009) when young Black men commit acts of violence, they are more likely to be perceived as “bad” and in need of punishment than their White counterparts. Therefore, contact with the criminal justice system via incarceration is prescribed. However, as Ricky articulated, many young Black men are hurting from the pain of traumatic loss and “crying out for help.” Yet, mental health services or other rehabilitative activities are rarely prescribed to facilitate healing in their lives.

While mapping trajectories and theorizing about their implications are future directions of this research, I suggest a few important implications of these patterns that will be demonstrated in the subsequent chapters on homicide survivorship. Human development literature suggests that the key tasks of adolescence center on identity formation, which largely happens in the context of social relationships (Perkins, 2008). For young men, the achievement of a masculine role is also a task of this stage. When these are considered, the timing of homicide deaths experienced among this sample of young Black men present several potential implications for their healthy development and transitions to adulthood. Working to develop a sense of self in the context of a dying cohort can shape young men’s beliefs about what it means to be young, Black and male. Specifically, young men may internalize a belief that they will die young. As residents in neighborhood contexts of chronic violence, this creates real and perceived vulnerabilities to violent exposures, injuries, and death. Consequently, notions of vulnerability and contemplations of mortality can influence young, Black men’s identity development in

adolescence. Participants' narratives of vulnerability and their contemplations of mortality are explored in chapter eight.

Further, their development of masculine roles can inform their reactions to peer homicide, perceived vulnerability, and internalized beliefs about their mortalities. The use of lethal, interpersonal violence can legitimate the expression of aggression among males and validate the use of violence to resolve conflict. This is particularly relevant for young, Black men in low-income, urban contexts where complex economic and educational disadvantages and complex relationships with the police facilitate interactions governed by the code of the street (Anderson, 1999). Efforts to comply with hegemonic prescriptions of masculinity (e.g. power, strength, and toughness) and contextual proscriptions of masculinity (e.g. cool pose, masking hurt and pain) can restrict young men's range of socially acceptable gendered reactions to traumatic loss (Meija, 2007; Hall & Pizarro, 2011). Consequently, young adolescent Black males may be at risk for internalizing the pain and trauma of peer death and/or expressing it under the guise of anger and expressed through retaliation. Young men's emotional reactivity following the death of their peers is examined in chapter seven.

Losing multiple peers to violence during adolescent significantly impacts young men's social relationships, particularly with other males. Most apparently, as friends die, their total number of social relationship can lessen. As Niko said, "I'm losing friends cause my friends is getting killed." This disproportionate burden of grief falls onto young Black males during a developmental period where they may not be fully equipped to process loss independently (Malone, 2007). The experiences and expressions of grief among this sample of young, Black men are described in chapter seven.

Lastly, as Marshall described in chapter five, his experience of direct victimization (banked by four boys) shaped the way he interacted with males in his community. He focused his efforts to be *on point* toward other young men, watching their moves, looking in their eyes, trying to discern their motives and intentions. In much the same way, Matt and many young men narrowed their peer networks to *small circles* in effort to mitigate their risk of violent exposure. Consequently, experiences of peer homicide often fueled distrust in young men's social relationships and heightened hypervigilance in the contexts of social relationships. The implications of the traumatic loss of peer homicide for young men's social relationships are revisited in chapter seven.

### **Case Studies: Traumatic Loss**

The previous section demonstrated the prevalence of peer homicide among this sample of young Black men. The homicide deaths of peers created singular ( $n = 3$ ) and multiple ( $n = 37$ ) experiences of traumatic loss for participants. As described by Rando (1993), traumatic loss is conceptualized as an event of loss characterized by:

(a) Suddenness and lack of anticipation; (b) violence, mutilation, and destruction; (c) preventability and/or randomness; (d) multiple deaths; [or] (e) the mourner's personal encounter with death, where there is either a significant threat to personal survival or a massive and/or shocking confrontation with the death and mutilation of others (p. 568-569 as cited in Corr et al., 2009).

Each of these features can elicit trauma responses (e.g. posttraumatic stress symptoms) in the surviving person, complicating or prolonging his grief process (Corr et al., 2009).

With the exception of young men who only experienced singular incidences of peer homicide ( $n = 3$ ), young men's experiences of traumatic loss resulting from homicide included each of these features. Young men who witnessed the homicides of their peers most directly experienced feature (e) of Rando's definition named above.

In order to clearly demonstrate how the features of traumatic loss (e.g. sudden, violent, preventable, and shocking) were manifested in young men's experiences of peer homicide, I present the case examples of Luther, Dennis, and J. R. Luther's cousin was killed one month prior to his research interview. Dennis' close friend was killed four years prior to his interview. His friend's death happened just one year after the same alleged perpetrator murdered his cousin. J.R. witnessed his brother's murder seven years prior to his interview. Together, these case examples illuminate the traumatic nature of the losses represented across participants' narratives.

### **Case Examples of Traumatic Loss**

**Luther's story.** Luther is a 20-year-old member of the SUP program working towards his GED. After recent disconnection from a residential job-training program, Luther quickly returned to SUP to resume GED classes and receive additional job training. Although frustrated that he was no longer able to attend the residential training program, he immediately re-enrolled in the SUP program to finish his GED. He returned focused and committed to quickly mastering the remaining, prerequisite material necessary to take his GED exam.

My mentality coming home was that I know what I got to do. Do it, get it done. I didn't have no worries. I ain't have to worry about nothing! So I came to school, doing work, tests, I was knocking it out, right then and there. I was knocking everything out. And that call...it just messed my head ALL up.

Before Luther left for the residential job-training program, he made a request of his family and close friends: "Yo, I don't want no bad news while I'm gone." Luther returned home on May 4, 2012 without receiving any bad news concerning the well-

being of his family or friends. On May 24, 2012, less than three weeks after he returned home, his grandmother called to let him know his cousin Jeremy was dead.

I was in the house... And I was just talking to my sister, I think I was just talking about [Jeremy] and the phone rung and it was my grandmother. “What’s up, Granny?” she told me, she was like, “You know little Jeremy got killed?!” Like right then and there, like my heart dropped. Like I felt hollow and I’m like, “no, you playing.” And she was like, “No.” So I went on Facebook and seen everything. Like, I couldn’t believe it. I couldn’t BELIEVE it. I still don’t. I still don’t. It’s just crazy. Crazy.

The suddenness of Jeremy’s death shocked and deeply hurt Luther. Unlike when Luther departed for the job-training program, preparedness for “bad news” was not in the forefront of his awareness since returning home. The murder of his 20-year-old cousin caught him off-guard, disrupting not only the unfolding conversation with his sister about his cousin, but also his sense of focus, direction, and forward progress.

Like with him dying, that just, it just shook my brain. Like “what I...what I was...what I was about to do?” Like you ever—you know [when] you’re thinking about something [and] like you get up, like “what I was about to?” Go somewhere, “what I was about to get?” Now that’s how I felt. Like *whoa...whoa... I don’t know... It set me back!*

The shock of his cousin’s sudden, violent death rattled Luther’s brain and shook his worldview. He struggled to make sense of what he perceived to be a senseless act of violence and he struggled to acclimate himself to a present and future reality that did not include his cousin. This new challenge stifled Luther’s momentum with his GED work and interrupted his engagement with the SUP program. As he shared, experiencing the traumatic loss of his cousin’s death “crushed [him]” and “set [him] back”.

**Dennis’ story.** Dennis (24 years old) is a former member of the SUP program and works part-time as a Student Advocate with a community based mental health intervention at the SUP program. I recruited Dennis for an interview after seeing him

wearing a t-shirt picturing several young men under the caption “Rest in Peace.” Two of the young men pictured on his shirt were homicide victims. One young man was his cousin Greg who was shot and killed by his fellow gang member after a dispute. Dennis was hanging out with friends when his sister called him crying. Dennis could not understand her tearful speech until she composed herself enough to say, “They killed our cousin. Greg’s been shot.” An hour later, Dennis’ mother picked him up and they joined the rest of his family at Greg’s mother’s house.

When Dennis arrived at the house, he reported his “[family members were] in shambles, everybody’s crying and can’t believe it.” Although this was not his family’s first death, it was their first homicide. Dennis labeled this experience as his family’s “first tragedy.” His family’s intense and open expression of emotion in the hours after the death overwhelmed Dennis. Although he shared their pain, he craved answers and information. He learned that his uncle found Greg lying shot on the sidewalk. Dennis sought his uncle for information:

I left out and I saw my uncle out there and...he looked like how I felt...just empty...So I walked over to him and he said, “I was right there Dennis, I was right there. I saw him, we was talking and he said, ‘Uncle, I’ll be right back.’ I go in the house, you know, I hear a shot ring out. I go out there...I see Greg on the ground lying in his own blood and next thing you know I’m over there, I’m trying to keep him comfortable, trying to help him and he was still breathing. He was trying to talk to me Dennis, and everything...the ambulance got there, they told us to move back. He was still alive and he was trying to talk to me I wanted to still help but they told to me to go back and there was nothing more I could do. I watched a nephew of mine die in front of me.” I could understand what he was saying and I could feel what I was feeling but...I wanted to share that burden with him because out of everybody, he was the one that was there. He was the one that was with him ‘till the end but I could never, I would never feel or understand the pain that he went through in doing so, and that kind of really hurt me...it hurt for me to hear that, but it was what I wanted to hear [more] than just the crying and everything... I just wanted to know what happened...and it kind of helped me feel some kind of closure, right there.

Listening to his uncle's account of witnessing the murder was painful for Dennis and he felt helpless in bringing relief to his uncle. Although learning the details of what, where and how his cousin died brought temporary pain, the information facilitated a sense of closure that helped Dennis move forward after the death. Dennis also learned who was allegedly responsible for the death and his motive. His cousin got into an argument with a high-ranking gang member and was killed shortly after the dispute. Although criminal charges were filed against the alleged shooter, the case was dismissed. Knowing that this young man was still in the community kept Dennis from experiencing full closure.

One year after Greg's murder, Dennis' good friend, Jonathan, a close friend of Greg's older brother, was killed. Jonathan's death was a total shock to Dennis who described Jonathan as "this intelligent young man that I would just have the greatest conversations with...even though he really wasn't in school, he was out trying to make ends meet the legal way." Although Greg's death was devastating for Dennis, it was not a total shock to him because of Greg's gang affiliation, which to Dennis implied the risk of violent injury. However, the possibility of homicide was completely out of Dennis' purview of probability concerning Jonathan. Dennis described his reaction to getting the news of Jonathan's death:

So again I'm chilling somewhere. I get another call, "Dennis, Jonathan has been shot in the back of his head." I was again distraught. I was in disbelief again. But this time I was distraught because eventually we would find out that the same person who was involved in [Greg's murder] had an involvement with his death and the same uncle who watched his nephew get buried, again had to see somebody die in front of him...again. This one hurt me. This one hurt me the most. I was no more good. I just—I couldn't even think straight after that because he didn't deserve that at all. He wasn't in *no gang*. He didn't do *no drugs*—he did his share of selling drugs, but he got straight. He was, you know, trying to get on the right foot and everything and the same person who, who dares to smile in [Greg's] mother's face [at his funeral] and shoot her son in the back would go

ahead and put an attempt on another man's life like that. And at that funeral I cried. I cried like a little boy. It was the first time I cried in a *long* time.

As with Greg's murder, the sudden nature of Jonathan's death was shocking to Dennis and disrupted his present equilibrium. A relaxed time with friends was immediately replaced with trauma and grief. In addition to the suddenness, the perceived senselessness and preventability of Jonathan's killing contributed to the traumatic qualities of this loss for Dennis. Cognitively, Dennis struggled to understand how a man (Jonathan) who was staying away from trouble, working, and turning his life around could experience the same violent death as his gang-involved peer. Dennis struggled to understand how someone who was so similar to him in interests, in behavior, in values could be killed. The disbelief completely distracted him and he "couldn't think straight."

Emotionally, he felt sad, angry, and frustrated. His anger was directed at the alleged shooter whose name was implicated in both peer homicides and he wanted justice. His frustration was pointed at the justice system for not convicting the named suspect after Greg's murder. Unlike with Greg's death, learning the details of Jonathan's murder did not bring quick closure for Dennis. His sadness was so intense that "cried like a little boy." Dennis' reports of crying like a young boy provided some insight into masculine scripts he internalized. For Dennis, emotional expressions like uncontrollable crying were permitted and expected from young males. While possibly permitted among older males, Dennis did not expect this kind of emotional display from himself. He did not cry at Greg's funeral. His differential reactions to Greg and Jonathan's homicides demonstrate the variation that can exist within the grief responses of an individual participant.



**J. R.'s story.** J. R. is a 23-year-old expectant father. He graduated from High School and connected with the SUP program for job-training and placement services. His cousin, Carl, a participant that I previously interviewed, referred J.R. to me for a research interview. Carl thought it might be good for J.R. to talk about his experience with me. J.R.'s interview started with questions about the Baltimore neighborhood of Greenmount East, tattooed on his forearm, where he was raised. He shared that there was a lot of trouble there, which is why his family moved and he does not return to this neighborhood. Within minutes of the start of his interview, J.R. disclosed that the specific trouble he referenced was the murder of his brother that he witnessed seven years prior.

My little brother got killed in 2005. Like I seen my brother get shot down in cold blood for like something stupid...He was just like, trying to take over territory...and he got shot down. So, like, that's why I'm really not up there...I would have been dead too but that's alright now...but I'm dealing with it in my own little way though...

J.R. shared that his brother, Silas, joined a gang when he was 14 years old. Silas was his older brother. However, J.R. referred to him as his "little brother" because he is now older (24 years old) than Silas was when he was killed (age 18). I asked J.R. to describe his brother to me. Tears rolled down his cheeks as he shared what he missed about Silas:

He was really fun. Like a really caring person... So, that's what I miss about him...We used to like play video games together...We used to go outside together, eat together, like he used to take me back and forth to school...make sure I stay there...he used to make sure I did all my school work...make sure I do what I have to do...So I'm like, now I just like looked up and he's not there...

Even though J.R.'s brother was killed seven years ago, it still feels very recent to J.R.

During the interview, J.R. shared his last moments with his brother and walked me through a moment-by-moment retelling of the drive-by shooting that killed his brother and threatened his life.

It was like 11:30 that night when they like rolled up on him and like started shooting. Like, when he got shot down we was sitting down. I was sitting right there beside him. My little brother, he was talking to me before he got shot... The people that shot him up, they came in like four different cars. He was trying to run in the house when he got shot down I was holding him right there in my arms, cause that's where he fell at... he was like "I might see you again little brother" so that was it... the last thing he told me was like "Goodbye, little brother"... He squeezed my hand and went on... So I got to say my last goodbye... so I just like dropped him there, cause I knew there wasn't more I could do. They started shooting at me. That's when I got up and ran. He got shot in the chest and the head. I couldn't afford that. So that was like really scary for me. I was feeling emotion like *I'm about to die!* I ran through the back way cause they were trying to get to me so I ran through the alley and the police were down at the other end so I couldn't go no where. One boy was chasing me down the alley so I got away from that in the neighbor's yard where nobody could find me in the tree... I had blood all over me... I'm like something might of happened, I thought I got shot. I was like, "Man, *I'm about to die.*"

This singular traumatic event permanently disrupted J.R.'s reality in several ways. In a matter of moments, he: 1) was exposed to violence (e.g. gunfire directed at J.R. and his brother); 2) witnessed a homicide (e.g. brother shot in head and chest); 3) experienced a traumatic loss (e.g. fatally wounded brother took last breaths in J.R's arms and died); and, 4) confronted his own mortality (e.g. being shot at and chased).

J.R. estimated that he remained hidden in his neighbor's yard for about an hour until he was certain the shooters were no longer close by. He still felt extremely scared and feared the shooters would return to kill him. When he walked back around to his house, the police and ambulance were on the scene. After the medics did a through check of J.R. to ensure he did not have a gunshot wound, he was arrested. The police recognized him from an earlier incident that day where he was fighting in the

neighborhood. “Cause they was like they seen me up Greenmount trying to fight earlier in the day. So he [police officer] was like, ‘Oh you’re the same one out here starting trouble again.’ I’m like “Nah, my little brother got shot.” J.R. was arrested and detained at a juvenile facility for six months. He was unable to attend his brother’s funeral. While in jail, he thought about his brother and his close encounter with death. He wondered if there was anything else he could have done to save his brother. He felt angry with himself for leaving him, dead, on the steps, and thought to himself “I should have stayed with him that whole time.” While incarcerated, he imaged that his brother wanted him to do something positive when he was released and to “stay on the right path.” He resolved to go back to school and graduate both for himself and for his “little brother.”

### **Summary of Case Examples**

The case examples of Luther, Dennis, and J.R. bring to life the distinctive features of traumatic loss. While suddenness and violence were common traumatic elements in each of these young men’s experiences of peer homicide, idiosyncratic implications were evident across the cases. For example, while intense fear and helplessness were central in J.R.’s experience of traumatic loss, disrupted educational progression was central for Luther. Like Luther and Ricky, many young men carry experiences of trauma into their interfaces with systems (e.g. education and employment) and community programs. For others, traumatic experiences like peer homicide often happen throughout their program participation. Both larger systems and community programs serving low-income, young Black men often struggle with high rates attrition or inconsistent program engagement. In addition to other life stressors, Luther’s case example provides insight into how trauma and loss contribute to young men’s engagement, retention, and successful completion of

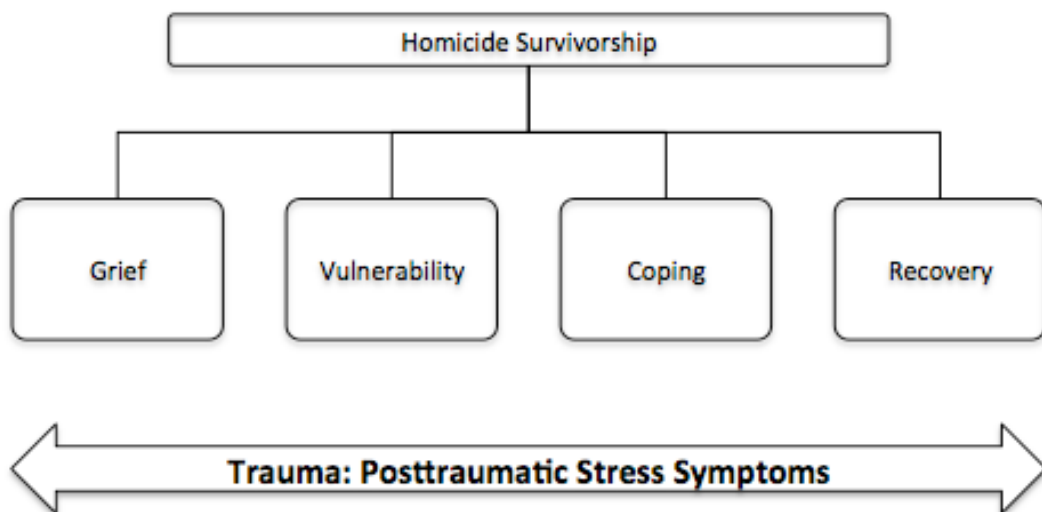
these programs. Given the prevalence of peer homicide documented among this sample, it is practical to suspect Luther's case is not unique to young men in Baltimore City.

The case examples of Luther, Dennis and J.R. also highlight how distinct circumstances of peer homicide can exemplify varying features of traumatic loss among participants. For example, J.R.'s life was threatened as he witnessed his brother's homicide. His intense emotional experience (e.g. "I was feeling like I'm about to die!") later contributed to his having flashbacks where the scene of his brother's murder replayed in his mind. Additionally, participants' histories of peer homicide (e.g. Dennis' multiple homicide deaths) also informed their experiences of traumatic loss. Altogether, their stories demonstrate the prevalence of traumatic features that accompany young men's experiences of loss resulting from peer homicide. These traumatic features often produced posttraumatic stress symptoms among participants (e.g. arousal, avoidance, and re-experiencing) creating unique challenges for their experiences as homicide survivors. Young men's experiences of homicide survivorship are explored in the remaining chapters of the findings.

## Chapter 7: Framework of Homicide Survivorship Part I: Grief and Vulnerability

Informed by theories of grief (Worden, 2002) and conceptualizations of homicide survivorship (Armour, 2003; Hertz et al., 2009), this chapter presents a contextually relevant, trauma-informed framework for understanding the multidimensional experience of homicide survivorship for young, Black males in Baltimore City (See Figure 4). Four central themes connected to peer survivorship emerged from participants' narratives of traumatic loss: grief, vulnerability, coping, and recovery. I refer to these themes as the *dimensions of homicide survivorship*. Considerations of young men's social location and situated context within their Baltimore neighborhoods were essential to understanding their experiences of peer survivorship. Therefore, each theorized dimension is grounded in participants' lived experiences as young, Black males embedded in unsafe environments. Masculinity and participants' unique experiences resulting from their social roles as peers are also considered within each dimension of this framework.

Figure 4. Framework of homicide survivorship for young Black men in Baltimore City



Within each dimension of peer survivorship, I discovered two primary processes that were accomplished through participants' various mental, emotional, and behavioral responses to the traumatic loss of peer homicide. These processes were intra and interpersonal, reflecting both young men's internal cognitive and emotional workings and their external expressions of these workings through behavior and social interactions. Although the figure illustrates a linear representation of the dimensions, they are not theorized to happen in a prescribed linear order. I do not intend the described dimensions of peer survivorship to be considered as stages with a prescribed, rigid movement across the dimensions of grief, vulnerability, coping and recovery.

This framework also allows for the consideration of variation across and within each participant's individual experiences of traumatic loss. No two participants' experiences of homicide survivorship were identical, affirming the highly individualized nature of grief discussed in the literature (Balk & Corr, 2009; Burke et al., 2010; Neimeyer, 2001; Walsh & McGoldrick, 1991). The majority of young men in this sample experienced a multiplicity of homicide deaths. In the same way that no two participants' experiences of grief and survivorship were identical, no young man responded in exactly the same way to each of his personal experiences of peer homicide. This variation was most commonly associated with factors including young men's relational connectedness to each decedent, the circumstances of the murder, and young men's ages at the time of the homicide death. Depending on the timing and the intensity of young men's consecutive experiences of loss, it is possible that young men could find themselves having distinct yet interrelated experiences of homicide survivorship. In this regard,

young men could be simultaneously experiencing multiple dimensions of peer survivorship in different ways and to differing degrees for each decedent.

While this framework accommodates future theorizing about this complexity of experience, examining this degree of complexity is beyond the scope of this dissertation. A major first step toward this larger goal is articulating this framework of homicide survivorship for young, Black men who have survived peer homicide. In chapters seven and eight, I describe the four dimensions (e.g. grief, vulnerability, coping, and recovery) of this framework and their respective processes. All of the dimensions and processes are grounded in participants' narratives. The dimensions and respective processes of grief and vulnerability are described here.

### **Dimension 1: Grief**

Grief is defined as a normal process that includes our reactions to the loss of a person to which an attachment relationship exists (Hooyman & Kramer, 2006). It demonstrates the enduring power of relationships, as lives remained linked even after death. For young, Black male homicide survivors in this sample, grief describes young men's acute responses (e.g. emotional, mental, behavioral, physical, social, and spiritual) to the homicides of their peers. This dimension includes two primary processes: 1) confronting the reality of loss, and 2) responding to the pain of the loss. Confronting reality involves the young men's efforts to acknowledge and accept the reality that their peers had been killed. Responding to the pain describes young men's emotional responses to the homicide deaths of peers and their efforts to experience and work through the pain and/or avoid it. In this process, the posttraumatic stress symptoms of

avoidance and arousal interacted with young men's grief to shape their responses to peer homicide and their efforts to express pain or avoid it.

**Process: Confronting the reality of the loss.** When a young person was murdered, speculation was rampant and survivors worked to learn the truth amidst rapid information exchanges in the community and on social media networks. Once confirmed, young men began to absorb the blow of the loss, made agentic choices about where, when, and how to mourn (e.g. collective and individual grief rituals), and began to accept the reality of their peers' homicides. In short, this process of confronting reality of the loss describes young, Black men's efforts to: 1) confirm the legitimacy of information announcing the death of their peers, 2) absorb the blow of the traumatic loss, 3) mourn peers through ritual, and 4) accept the reality and finality of peer death.

***Getting the news and gathering information.*** In this sample, young men were notified of peer homicide in different ways including personal communications (e.g. phone calls, in-person conversation, or neighborhood reporting/word of mouth) and media (e.g. Facebook or local news programming). After the initial announcement of peer death via one of the stated mechanisms, young men often consulted a second communication platform, most commonly Facebook, to verify the truth of the death. When a biological peer was killed, typically a member of the decedent's immediate family or their grandmother notified the participant. For example, Luther's grandmother called him to deliver the news of Jeremy's death. He then consulted his newsfeed on Facebook for confirmatory information including Facebook statuses and postings about his cousin's murder.



When a non-biological peer died, relational closeness to the decedent determined how young men received news of the death. Notification of the death of peers who were considered to be brothers or part of young men's *small circle* were typically provided by family members of the decedent or other members of their tight peer network. Though typically provided via personal communication (e.g. phone call or in-person communication), surviving members of the decedent's family or *small circle* also used Facebook as a powerful tool to announce the death to a broad network of people while also memorializing the decedent through digital photo collages, video postings, and status dedications.

In much the same way, Facebook was used as a platform to announce details and logistics of candlelight vigils, funeral and burial arrangements, and to campaign for support. For example, when the mutual friend of Mekhi, Raphael, and Ricky was killed in a triple homicide this year, the decedent's sister wrote on his Facebook page, providing information about the candlelight vigil she organized and encouraging all his friends to come out in large numbers to demonstrate how much love he received.

When the decedent was not a part of participants' *small circle*, young men learned of the news through Facebook postings or word of mouth. If the decedent was a member of a gang or crew, members of his organization often delivered the news before or in addition to notification from the decedent's family. In a few incidences, local news broadcast provided initial notifications of peer homicides that prompted young men to consult Facebook and call family and friends of the decedent for verification. Raphael described learning about his good friend Malcolm's death in this way:

I seen the news broadcast [of the killing] but they didn't release no name, and I knew that was where he hung at...I saw his picture on Facebook. Like I seen his

picture [and] I just kept seeing his picture *everywhere* like why? Why they showing Malcolm? So I'm like, let me click on the picture, and I click on the picture and it say "Rest in Peace" and I say, "*Nah*, that ain't true." I didn't believe it. Kept posting pictures, kept seeing "Rest in Peace. Rest in Peace." So I call his people, called his mother and stuff and I knew it was true because she couldn't even talk, she was like crying and stuff so I hung up the phone and immediately went up there and they told me what happened that night before.

After legitimating the news of a peer's death, young men, like Raphael, often mobilized resources (e.g. transportation) and gathered with the family and close friends of the decedent. Similar to the way Dennis (see case study at start of chapter six) gathered with his family at Greg's mother's house after his murder, Raphael immediately went to Malcolm's mother's house to be with his family. It was in these social spaces that young men gathered additional information about the circumstances of the homicide, witnessed the initial grief reactions of the decedent's network of survivors, engaged in the collective and public mourning of the decedent, extended and received emotional support, and were concretely challenged to accept the reality of the death of their peers.

In some instances, a lack of transportation or monetary resources to take public transportation prevented young men from getting to these gathering places. In those instances, they monitored Facebook for postings from the decedent's family or close peer network to confirm the reality of the loss. Niko (18 years old) shared his reliance on Facebook for information after his friend was killed:

I seen a whole bunch of people writing on his page like Rest In Peace. All that type of stuff. I didn't want to believe that neither...and I wanted to go outside to his house just to see if things really happened [but] I was stuck in the house. I had no money, no ride to where I needed to go, [no] transportation...then I know it really happened cause I seen one of his close friends like his brother, one his close friends posting about it.

Structural barriers prevented Niko from gathering with the family of his deceased friend and confirming the reality of the loss with them. Niko was also denied the ability to

process the news in the presence of others who were grieving the decedent.

Consequently, he used Facebook as proxy for the physical gathering space of his friend's house, enabling him to remain connected to others experiencing the loss. However, in the days after confirming the death, he chose not to publicly process his emotion about the death of his peer. Instead, he internalized his "sadness, depression, and anger" and as he shared, "I just stayed to myself."

***Shock: Absorbing the blow of the peer homicide.*** Across interviews, shock was the most common emotional response young men exhibited upon receiving notification about peer homicide and gathering information to confirm this reality. The lack of anticipation of the death typically elicited shock in young men, as they did not have time to brace themselves for the blow of the loss. As Adam (19 years old) said about the death of his cousin "We were *real* close. We were like brothers in some ways. Last time I seen him, I told him I love him and gave him a hug and he walked off. Next thing I know, he got killed...that's crazy." Young men struggled to articulate what it was like to see a peer one minute (often literally), and then next moment they were dead. Words like "disturbing," "scary," and "disgusting" were used in an attempt to explain the alarming reality of peer homicide and traumatic loss. These experiences forced young men to not only confront the permanence of their peers' deaths, it also forced them to confront the reality that they also could die "off-time" or prematurely. An in-depth discussion of this process and its implications are described later through consideration of how young men contemplate mortality in the wake of survivorship.

The cause of death (e.g. violence/homicide) also produced shock. Some young men were completely surprised that their peer died as the result of street violence. Luther

(cousin Jeremy's homicide is described in his case study) repeatedly echoed the phrase "that wasn't for him" throughout his interview, revealing his shock that his cousin was murdered. "That wasn't for him. A gun? Him dying by a gun? He ain't never do nothing wrong to no body. And he's just like me. I don't bring trouble to myself...I don't know. It's just crazy." Luther's understandings of his cousin's character and behavior conflicted with Luther's beliefs about how lethal violence was exercised in Baltimore. Luther operated under the code that minding your business, staying away from trouble, and avoiding beefs afforded protection from homicide. However, his cousin's murder disrupted this system.

However, as Dennis' case study demonstrated (e.g. reactions to Greg's death versus Jonathan's death), not all participants perceived peers' violent deaths as shocking. Participants who had an awareness of a peer's involvement in the underground economy, gang affiliation, or frequent neighborhood beefs were often shocked by the suddenness of the death but not the actuality that violence was responsible for their deaths. Young men acknowledged that peer activity in any of these areas conferred risk of violent injury. Consequently, when news of the homicides of these peers was communicated to participants, many were shocked that the violent deaths happened so soon; however, they were not surprised that violence was responsible for their deaths.

Rashawn (21 years old) openly acknowledged his enduring awareness of the possibility of losing his life or one of his friends to violence because of their joint ventures in the underground economy (e.g. distributing narcotics).

I know it can happen to either one of us for the simple fact we out here getting money...once somebody see you getting this amount of money [and] they out there doing the same thing [and] they not getting it like that, they will try to do anything—we had multiple shoot outs [and] all that. I just aint know it was gonna

happen that quick cause they both was still young, for real. I aint know it was gonna happen that quick...

Despite his awareness of the risk of violent injury and even death, the traumatic losses of his friend and street mentor were devastating to Rashawn. The timing of the deaths caught Rashawn off guard and he was shocked to learn of their sudden deaths.

This awareness of possible death by homicide sometimes prompted conversations where adolescent and emergent adult male peers communicated ceremonial requests for candlelight vigils and funeral services to their peers. Two of Reggie's closest friends from childhood were in a gang. They were killed by a rival gang while walking to Reggie's house to visit him and play video games. Reggie (22 years old) witnessed the shooting and experienced several posttraumatic stress reactions (e.g. nightmares, flashbacks, and hypervigilance) in addition to his grief from losing two good friends. Though shocked by the specific circumstances of the homicide and his witnessing the deaths, Reggie and his two friends previously discussed the possibility of their early deaths many times. The young men shared with Reggie what music they wanted to be played at their funerals in the event their premature deaths actualized.

[I knew what songs] they wanted to play for their funeral 'cause that's what they would always tell me like "Yo, if I die, Yo, I want you to play this. I want you to play that. I want you to play..." and the songs they'd tell me have nothing to do with death, they had everything to do with partying.

Conversations typically reserved for persons in late adulthood or persons with terminal illnesses happened for young men during adolescence and emergent adulthood. The off-time deaths of their peers shifted the developmental tasks of aging adults and seniors (e.g. preparing for death and grieving the death of your generation; Harder, 2002) into young men's teenaged year, emergent adulthood, and young adulthood.

Consequently, as young men were working to achieve the normative tasks of identity formation and the transition to adulthood, they were also challenged to grieve peer deaths and confront the realistic possibility of their own early death.

As part of this process, some young men worked to prepare their peers for their possible deaths, articulating wishes for the grief responses of surviving peers. Raphael mentioned that these conversations with his peers, namely his friend Malcolm who was killed three weeks prior to his interview, resulted from their frequent participation in the funerals of other peers. Raphael explained:

Seeing our other friends like come from funerals and hearing people pass away like we always had conversations. Like if somebody die, we would have a conversation like, "If I die, I wouldn't want this or that or the third" because we see what other people be going through. So, yeah like, "Nah don't do that for me! Don't put me on no shirt." That's why I don't get no shirts made. "Don't put me on no shirt, don't do none of that." [Malcolm] always said, "Live your life" because I'ma be gone and you gonna still be here on earth. What, are you going to be complaining about me dying? Like you gonna keep being depressed over me when you can live your life?"

Once Raphael confirmed the reality of Malcolm's homicide and absorbed the initial shock, Raphael remembered this conversation with his peer prior to his death. Malcolm's requests shaped Raphael's grief responses and expressions. After the first day when he was notified of the death and after the funeral, Raphael committed to let go of the sadness and "live his life" as Malcolm suggested. Despite the popularized urban ritual of getting a memorial t-shirt made to mourn the death of peer, Raphael chose not to participate in this ritual as his personal way of honoring Malcolm's request.

***Mourning: Expressing grief through ritual.*** Mourning involves intra (private; internal) and interpersonal (social; outward) expressions of grief, often through ritual (Corr et al., 2009; Neimeyer, 2001). Across interviews, young men described a range of

both collective (e.g. memorial t-shirts/bandanas, candlelight vigils, funerals, etc.) and individual (e.g. watching videos of the decedent, bedside photos of decedent, etc.) grief rituals. As previously described, Facebook provided an additional mechanism for mourning that was both communal and individual. Young men's decisions to participate in collective grief rituals were highly agentic and were reflective of emotional (e.g. intensity of emotional reactivity to the loss), cognitive (e.g. perceptions of the peer's homicide), and contextual (e.g. safety) considerations.

*Collective grief rituals.* Several themes emerged in participants narratives that pinpointed central grief expressions and rituals performed within young men's Baltimore neighborhoods. The primary collective grief rituals discussed include the production and wearing of memorial t-shirts or bandanas, candlelight vigils, funerals, and social gatherings. With the exception of funerals, these grief expressions were enacted across time, most commonly in the immediate days following a homicide, but also at significant time markers such as death anniversaries or a decedent's birthday.

During my time in the field at the SUP program, I often observed program members wearing what I refer to as memorial t-shirts. These shirts are typically solid colored t-shirts or polo shirts with pictures of decedents printed on the front and/or back of the shirt, along with the birth and death dates of the decedent and messages such as "Rest in Peace" or "Rest in Paradise." Other popular phrases on memorials included "The Good Die Young" and "Mourn You 'Til I Join You." Photos were often digitally enhanced and included the addition of angel's wings or a halo to the body of the decedent, beams of light breaking through clouds representing heaven, or an escalator carrying the decedent upward toward the clouds.

Following peer homicide, t-shirts were quickly produced. The person responsible for making the t-shirts varied across participants. When Andrew's cousin/God brother was killed, the decedent's mother created the t-shirt and had them printed for their family. Dennis' family also had a uniform t-shirt produced for the family that allowed them to physically demonstrated their collective mourning of their loved one. This t-shirt is now traditionally worn at his family's annual cookout and balloon release to honor the deaths of his cousin, Greg, and close family friend, Jonathan. Other young men reported designing the t-shirts themselves and having them printed at a local retailer.

These t-shirts are not unique to Baltimore, but have become part of the culture of grief in low-income urban contexts throughout the United States. Similar to the historic and widespread cultural norm of wearing black dress to funerals (Corr et al., 2009), memorial t-shirts and accessories have become contemporary *mourning garments* among homicide survivors in urban communities. While these garments signify bereavement, the creative design process involved in their production is also a cathartic mechanism that facilitates grief expression among young homicide survivors. As part of a technology driven generation, their skill and familiarity with digitizing photographs is mobilized in producing garments that serve to individually and/or collectively mourn a peer.

Observations from my prolonged exposure at the SUP program did not evidence the wearing of t-shirts to be a gendered expression of grief. Both male and female members of the SUP program frequently wore memorial t-shirts to classes. Malone (2007) also reported that the production of what she calls "commissioned" t-shirts was a public grief strategy among her sample of African American, adolescent, female homicide survivors (ages 16-19) in a Northeastern city in the U. S. However, the design,



production, and wearing of memorial bandanas did seem to be a gendered ritual solely observed among young men at the SUP center. Similar to the t-shirts, bandanas typically included photo and grief epitaph. Bandanas typically adorned the neck or head, or were draped out of young men's back pant's pocket so that the picture of the decedent was visible.

While these t-shirts were often debuted at the candlelight vigil or funeral of the decedent, some young men developed personal rituals concerning them. For example, Redz wore his memorial t-shirt and bandana daily for two months following the death of his cousin as a symbol that he "always carried my mans with me nonstop." For others, the t-shirts became integrated into their wardrobes and worn throughout the week just as other clothing would be worn. Still, each wear communicated their bereavement to world around them and provided a clear reminder to the broader community that the incessant violence within its neighborhoods indeed claims lives.

However, not every young man supported this ritualized expression. Ricky (20 years old) perceived the making, collecting, and wearing of memorial t-shirts as a contrived way of gaining street credibility or respect, particularly if the decedent was well-respected in the neighborhood.

Some people, not me, 'cause that's crazy, but some people might think "oh, it's more street if you got, um, a lot of homeys that's dead." I don't know, but people just act like it's cool to have dead homeys or something, like "it's cool to wear rest in peace shirts and little bandanas around your head [with] Rest in Peace your homeboy." [That] *shit* is not cool to me, man... People ain't right now... Either they want to be connected with how [the death] happened or they need a reason to go shoot somebody or to retaliate or just to do something. They just need a reason just to be down or probably need a reason just to be from the neighborhood or know somebody that was big, for real. Like you know cause a lot of people who get a lot of rest in peace t-shirts [made for them], people idolize these type of people, you know? It'll probably be somebody that was a big, figure in the 'hood,

you feel me? So just by even shouting they name out you probably get some popularity or some credibility just off of that.

For Ricky, memorial t-shirts or bandanas were not a legitimate symbol of love and respect for deceased peers because of the hidden agendas he suspected drove the production and wearing of the garments and accessories. Ricky believed that kind of symbolic, publicly displayed love was best demonstrated while the person was alive, not after they died. Although Ricky's position was the minority among this sample, he was not alone in his thinking. Reggie (22-year-old who witnessed his two childhood friends murdered in a double-homicide) also believed this ritual was empty. For these young men, other mourning rituals took precedence.

Candlelight vigils, often simply referred to as "candlelights" were usually organized and held quickly following the homicide of a peer. Vigils typically happened within one week of the homicide at the location where the decedent was last alive (e.g. location of the homicide) or in front of the decedent home if safety or convenience did not permit the former. A surviving member of the decedent's family (e.g. mother, aunt, sibling, or cousin) usually organized the vigil. Participants reported learning of the location and time of the vigils via phone call or Facebook posting from the surviving siblings of their peers. Street memorials were often erected as part of the vigils. These memorials included the placement of balloons, pictures, and stuffed animals, along with candles at the memorial site. A growing trend with street memorials is to wrap them with heavy-duty plastic wrap in order to protect the placed items from the elements or others who might seek to deface them. In doing so, the plastic wrap is an effort to preserve the physical integrity of the memorial in the same way the survivors work to preserve the memory of the decedent through the memorial.

Candlelight vigils were a powerful ritual of remembrance that enabled family members and friends of the victim to come together and collectively confront the reality of the death, extend comfort and support to one another, and honor the memory of their loved one. Vigils usually started at dusk to allow for the lighting of candles that inspired hope in the midst of pain and symbolized the lasting memory of the decedent. Young men reported that candles were sometimes passed out to each participant and lit. Other times, tea light candles were arranged on the ground, sometimes spelling out the name of the deceased peer or the forming the letters R.I.P.

Antwon described the candlelight vigil that was organized to honor the one-year death anniversary of his close friend, Aaron, who was killed by the knockers (police).

There's a vacant house right next to Aaron's house. We just put a lot of his pictures up there and had everybody that used to be around him and was cool [with him] and that knew him sign their name on the wall. And like every year, around the time he passed, we have a candlelight. At his candlelight, you feel me, we had little, little candles and we shaped it in to make his name, Aaron, and then we lit all of them...and anybody who wanted to speak about Aaron or anything would step up and speak. And his cousin, his older cousin, he had a poem that he read and they all liked it...and his sisters came up there and they was speaking...It was a lot—there was probably about thirty people [there]...Including his family and all his homeboys.

Even one year after the homicide, a strong number of Aaron's family and homeboys came to the anniversary vigil reflecting the impact of Aaron's death on their lives and their enduring connections to him. In part, it was also demonstrative of the suspension of their grief over time as the ritual was still intensely emotional for participating survivors including Antwon and his friends. Antwon shared the role he played at the vigil honoring his friend/brother:

I lit the candles. It was a little emotional...I didn't really know how to react off that day. I was remembering, you feel me, being here. Like looking at his pictures on the walls. I mean it almost brought tears to my eyes but I did not let myself

cry..I mean, the type of person, like if Aaron was here and he would have seen me crying, you know what he would have did? He would have said “Stop acting like a bitch” {he laughs}. Yeah, he would have. But yeah...I wasn't really trying to be sad, I was trying to enjoy myself there at his candlelight.

Antwon's instrumental role in lighting the candles at the vigil was very poignant to him. Although emotion swelled within him, he controlled his public expression of that emotion by not crying. This controlled emotion was largely driven by what he perceived the reaction of his deceased peer to be if present. Even in death, his peer remained an agent of masculine socialization, ascribing weakness and femininity to tearful expression. Similar to Raphael's compliance to Malcolm's pre-death admonition to let go of sadness and enjoy life if he died, Antwon's adherence to the perceived feedback from his deceased peer also demonstrates the powerful, continued impact of peer relationships post-death. Rituals like candlelight vigils performed at significant time markers, allowed young men to acknowledge the significance and presence of these relationships beyond the immediacy of the death.

For some young men in the sample, individual levels of emotional reactivity coupled with an awareness of the concentrated intensity of emotion present at the candlelight vigils contributed to a decision not to attend a peer's candlelight vigil. Matt decided that he would not attend the candlelight vigil for his cousin who was murdered. He was not emotionally ready to confront the reality that his cousin was dead. “I couldn't do it. 'Cause I just couldn't believe that it was—that he was...gone.” While the rapid organization of candlelight vigils afforded survivors the opportunity to come together and collectively grieve the homicide of a loved one, the short time window between when young men confirmed the death and when the vigils occurred challenged them to quickly confront and accept the reality of the death.

When Mekhi's friend Justin was murdered (Mekhi witnessed this homicide along with his mother and brother), a candlelight vigil was held the very same night at the location of Justin's death. Mekhi reported being almost frozen in place from the time of shooting until the vigil that evening. His body tingled all over for hours with what Mekhi described as the pins and needles sensation you get when "your feet fall asleep," and he "was just shaking uncontrollably. I was just so in shock, like it wasn't real at the time." After watching the police hang the yellow crime scene tape, collect the body, wash down the blood, and remove the crime scene tape, Justin's family and friends gathered for the vigil. However, the expression of intense emotions present at Justin's candlelight did not contribute to a peaceful vigil as described by Antwon. Instead, it sparked conflict and confrontation.

Even at his candlelight vigil everybody was arguing. Cause I told you [Justin] wanted to be the hottest street guy so all the gangsters and all them, they was cool with him. So they out there arguing, "You aint really messed with J like that!" Like "he ain't even!.." Like it was a bunch of nonsense.

What perhaps began as young men's attempts to identify with their deceased peer quickly escalated to competition and confrontation within Justin's surviving peer network. They argued with each over the degree of connectedness they shared with him. Amidst the loud, deep cries of Justin's mother, the arguments among his peers posed an immediate threat of additional violence. Superficially, the behavior solely appeared to be a "bunch of nonsense." However, a trauma-informed approach offers the perspective that "hurt people, hurt people" (Rich et al., 2009). From this lens, we can understand that in the context of intense emotion and grief, some of the young men may have reacted from a place of pain. Masculine socializations (hegemonic and cultural-contextual) perhaps

helped anger to be the most accessible and acceptable expression of emotion in this social context. Together, the threat of violence resulted.

For some young men, an awareness of the possibility of violence at candlelight vigils partly shaped their decisions not to attend. In another instance, Matt decided not to attend the candlelight vigil or funeral of a young woman he recently befriended for safety reasons.

It's crazy 'cause somebody was fighting at her candlelight vigil...I didn't go 'cause I don't know no reasons why she got shot or I don't know if the same person that shot her is still—would come to the funeral and see anybody there like that they think was dealing with her or anything like...stuff just be on certain people minds and it's crazy out here, I just know that.

The persistent threat of neighborhood violence continued despite young men's experiences of the traumatic loss. Even though young men were grieving, they had to remain alert for exposures to violence. This violence, and the vigilance it provoked, influenced participants' choices to engage in collective grief rituals such as candlelight vigils or funerals, and in doing so, impacted their grief processes.

Wayne and Terrence were best friends and sometimes even “partners in crime, you know. We used to do a lot of crooked stuff.” When Terrence was killed, it was a total shock to him. Wayne learned that Terrence owed someone money and they allegedly killed him. Wayne had no clue that Terrence was beefing with anyone and he was surprised that Terrence kept the information from him. Terrence's family knew how inseparable Wayne and Terrence were, and they looked to Wayne for answers that he could not provide. When Terrence's family realized Wayne was equally shocked, they began to fear for his safety, nervous that the gunman responsible for Terrence's death

might harm Wayne because they were so close. With the goal of protecting Wayne, Terrence's family suggested he not attend the funeral.

When I went to Terrence's funeral, they were trying to basically, tell me, on the low, but they didn't want me to get upset, like "We don't want you to come to the funeral." I'm thinking they don't like me, or don't want to see me. They didn't want me to come to the funeral cause they thought if they killed Terrence, they gonna come and try to kill me at the funeral. Like, things like that happen, you know, so...I didn't care. I just wanted to show my respects. And, that's about it. ...My family didn't want me to go. But I went. I had to. I just stayed for the service. I couldn't watch them put my man in the ground. I'd probably jumped in with him.

Despite the fears of both Terrence's family and his own family, Wayne risked his personal safety to join the collective mourning of his best friend. Wayne allowed himself to publically grieve at the funeral, although he reports not crying at another peer's funeral since then. (He has survived three additional peer homicides since Terrence's death). However, Wayne did decide not to attend Terrence's burial. This choice was not made in response to the threat of violence but because the emotional pain of watching his 19-year-old best friend buried was estimated to be too great.

Santana chose not to go to his cousin's funeral for the same reason that Wayne chose not to attend Terrence's burial. "I didn't go. I couldn't go. It hurt me." Instead, he chose to gather together with his gang members and "smoke...drink...cry..." They shared in his experience of loss, as the decedent was their peer and fellow gang member. Like Santana, many young men exercised agency and asserted control through their decisions about participation in funerals. Many young men also engaged with substance use in their efforts to manage or avoid the pain of the loss. This will be explored later in this chapter (See responding to the pain and loss, p. 24).

Others did not attend funerals because they were unable to get off of work or they did not know when or where the service was held. Adam (21 years old) was devastated and enraged when he learned he missed his cousin's funeral.

What really made me mad is that nobody told me when his funeral was...I was blown. I stopped messing with my family, for real, like that. I stopped messing with my real family. That's how I felt. I was at work! I mean didn't even tell me. I figured somebody would've told me-I wouldn't have even gone to work, for real. But that's how it is, didn't nobody tell me. Then I saw my cousin and they were like, "They had Cyrus' service today." I was like, "Man, why didn't nobody tell me?" They were like, "Didn't nobody tell you?.." Didn't nobody tell me nothing. So I just stopped dealing with my family for real. That's how I felt...They just didn't tell me.

Adam never learned the reasons why his family did not communicate the funeral arrangements to him and he did not care. All he knew was that he was robbed of the chance to pay his final respects to his cousin.

In addition to honoring the dead, funerals create an experience where surviving family and friends must confront the reality of the death, accept its finality, and begin to move forward with life. For young men who were unable to attend the funerals of their peers, this opportunity was missed, shaping their abilities to internalize the reality of their peers' death and process the loss. Rashawn attributed his unresolved grief concerning his good friend and street mentor to his refusal to attend their funerals:

I still ain't deal with it like to this day like that shit, it still eats me up on the inside, for real. Cause I don't go to funerals. I can't stand there and look at somebody I'm close to laying in the casket. It's gonna make me feel some type of way.

Rashawn's avoidance of the pain of seeing his peers deceased produced an enduring pain that persisted even seven years following these deaths. This pain "still eats [him] up on the inside," impacting his emotional reactivity in the present.



Young men who intentionally chose not to attend peers' funerals, or were unable to attend because of miscommunications or work schedules were left to develop or engage in alternate rituals of mourning. For some this included attending parties thrown in honor of the deceased peer. In the summer months, cookouts and barbeques were thrown in memory of peers. Musically-inclined young men sometimes wrote songs with friends and created music that they shared on Facebook or other social media networks. These strategies helped them express grief and accept the death of their peers.

Some young men found their participation in funeral services to be beneficial. Although Andrew (22 years old) felt sadness and depression at his cousin's funeral, he also felt a sense of comfort, peace, and encouragement by the display of support that was evident in the amount of people who attended the funeral.

We had a big funeral. A *big* funeral. The church was packed. People had to stand up on the wall. All the seats were filled. The front door from outside, it had people just listen to the Pastor preach from outside. It was packed. His friends from school came, teachers, everyone came.

Seeing all the people from various parts of his cousin's life provided Andrew with joy in knowing his cousin impacted so many lives. Being in the company of others who loved his cousin helped Andrew to know that he was not alone in his grief.

*Individual rituals.* While the majority of young men focused their discussion of rituals on collective experiences, a few young men shared private rituals they created or rehearsed individually. After Luther's cousin was murdered, he downloaded his cousin's music video to his phone. He constantly viewed the video. Luther wanted the memories of his cousin to stick with him, not the pain of his death. Everyday, but especially when he intensely missed his cousin, Luther performed his ritual of looking up to the sky and

telling his cousin he loves him. “That’s my little cousin. I tell him I love him everyday! Like, ‘I love you shorty. I miss you shorty.’ That’s all I can do.”

After witnessing his brother get “shot down” in a drive-by shooting and then subsequently spending six months in juvenile detention, J.R. created a private mourning ritual to honor his brother that he performed each day.

I just keep my little brother’s picture like, in my room where I can see him... I always keep his picture beside my bed... Cause we got a picture together that we took... So, like in the morning I always look at his picture before I leave out like... I know he’s probably okay up there. He’s up there with our father now so...he’s all right.

Whenever, J.R. looked at his brother’s picture, he reminded himself of words his brother shared on their last day together: “Stay on the right path.” J.R. kept his brother’s picture physically close to him in his room. As he shared, he kept his “little brother” (as explained in chapter six, Silas is his older brother) “where [he] can see him.” In some ways, J.R.’s ritual signified his effort to do what he could not do on the day he witnessed his brother’s murder. After his brother was shot and died in his lap, J.R. had to leave him on the steps and run for safety because the gunman continued to fire at him. While he was locked up, he often regretted leaving his brother there and reasoned that he should have stayed with him. Keeping his picture by his bed now allowed J.R. stay close to Silas and guard him daily.

***Facing facts: Accepting the reality of a peer’s death.*** From the moment young men learned the news of peer homicide, they were challenged to accept the reality of the loss. For some young men, this happened as soon as they were able to confirm the legitimacy of Facebook posts or community conversation about a death. For other young men, this happened after the initial shock of learning news weakened. And for yet others,

initial acceptance of the reality and permanence of peer death was made possible through their participation in collective mourning rituals (e.g. mourning garments, candlelight vigils, funerals, or gatherings) or the creation of individual mourning rituals (e.g. daily salutations to the decedent, replaying of video footage of the deceased, or bedside photos). Regardless of how it happened, it was necessary for young men to, as Redz said it, “face facts.”

Some young men flat out accepted that their peers were dead and there was nothing they could do to change that fact. This viewpoint was not devoid of an accompanying emotional response to the loss (e.g. shock, sadness, anger, frustration, etc.). As Antwon shared about the death of his good friend, “I mean it upset me every time I think about it but ain’t nothing I can do. ‘Cause it already happened and I can’t take it back.” Some young me like Antwon were able to internalize the truth that their peers’ homicides could not be undone. Yet, what often accompanied the acceptance of this specific reality was a larger acceptance of young men’s inability to effect broader change to prevent additional peer homicides. As Andre (18 years old) said in response to his experience of multiple peer homicides, “It’s crazy for real but life goes on, you know. Ain’t nothing you can do about it.” The reality that many of his peers were dying disturbed Andre. Yet he felt powerless to change the reality of peer homicide experienced by too many of his peers and their surviving networks. His primary option: acceptance. His agentic solution: avoid trouble and violence.

However, for Rashawn, acceptance of the deaths of his close friend and street mentor who died seven years ago was still a struggle.

I'm still trying to accept the fact that they gone, but, I just can't. Like I'm stuck in the middle of it. This side says, "they gone." That side say, "They ain't" so I don't know what side to choose. Cause in my mind they aint gone, they still here.

As mentioned earlier, Rashawn partly attributed his struggle to "face facts" and accept the reality of these homicides to his lack of participation in collective grief rituals, specifically, the funerals. You can hear his internal struggle (e.g. "this side" vs. "that side) to fully accept the truth that his beloved friend and mentor were dead. Seven years out from the deaths and he still carried the pain of these traumatic losses inside of him.

**Process: Responding to the Pain.** This process involves young men's efforts to manage the emotional pain of losing a peer to homicide. In Worden's (2002) theory, the task of experiencing and working through the pain of a loss asserts that healing and recovering from a loss is contingent upon allowing oneself to experience the pain resulting from loss. Some young men in this sample were able to experience the pain of peer homicide and work through it in a healthy way. However, the traumatic features of peer homicide frequently induced posttraumatic stress responses (e.g. arousal, avoidance, and re-experiencing symptoms) within participants.

The presence of posttraumatic stress symptoms, chiefly avoidance, challenged some young men's abilities to experience and work through the pain of losing peers to homicide. Additionally, their continued, situated context within unsafe Baltimore neighborhoods was not supportive of their prolonged experiencing of the intense emotions that accompanied the deaths of their peers. Working through the pain of a loss could be a distraction from young men's daily task of remaining *on point*. In this regard, experiencing the pain of a loss for an extended period of time could be a threat to young men's ability to construct physical safety. Consequently, avoidance strategies, both

trauma-endemic and agentic, simultaneously served to protect many young men from the emotional pain of a peer's death and the distractibility of grief.

However, one posttraumatic stress arousal symptom did encourage the expression of emotion: Irritability or outbursts of anger (APA, 2000). Young men are particularly susceptible to this symptom as anger is an accessible, gendered emotion prescribed by masculinity (Meija, 2007). The expression of anger through violence is also within the purview of masculinity, particularly in low-income and urban contexts. The code of the street (Anderson, 1999), partly maintained by young men's unjust and traumatic experiences with Baltimore City police, also sanctioned participants' use of violence to achieve justice on behalf of their slain peers (e.g. retaliation). Consequently, trauma-exposed and grieving young men were also at risk for violent behavioral expressions of pain and violent perpetration following peer homicide.

This section uncovers young men's internal emotional experiences and describes their outward emotional expressions following the traumatic loss of a peer to homicide. Though often abridged in duration, young men reported experiencing a broad range of emotions in response to the deaths of their peers. Their expressions of these emotions were equally as varied. Young men's efforts to avoid the grief and trauma and/or reminders (e.g. thoughts, conversations, places) associated with peer homicide are also explored.

***Experiencing and expressing emotion.*** Throughout interviews with the young men in this study, the pain of losing peers to homicide was apparent both in the language of participants' narratives (e.g. "It was heartbreaking") and in the *telling* of their narratives of loss and survivorship (e.g. tone and inflection of voice, nonverbal gesturing,

body language, and tears). Participants varied in their linguistic repertoires of emotion and often started discussing their emotional responses to peer deaths with phrases like “It was tough” or “I felt bad.” Aware that masculinity and gender socialization might limit young men’s abilities to articulate the fullness of their emotional experiences, I provided each participant with a feelings chart that named and graphically depicted 30 emotions (See Appendix D). In particular, when participants described their experiences of responding to peer homicide without naming emotions, I directed them to the feelings chart and asked them to examine the chart and determine if they could identify the emotion(s) that accompanied their experiences. I then asked young men to walk me through each named emotion, explaining their unique experience and expression of that emotion. This facilitated my entry into the internal, emotional experiences of young, Black, male homicide survivors.

Sadness was the fundamental emotion experienced by young men in the sample. For some young men the experience of sadness was fairly brief (e.g. 1 day to 2 weeks) as young men’s acceptance of both the reality of their peer’s death and their inability to change it informed their decisions to let go of sadness. For others, like Raphael, the decision to let go of sadness was informed by knowledge (e.g. pre-death conversations about death) or perceptions of how their deceased peers would want them to respond. During discussions of emotion, young men often stated, “he wouldn’t want me to be sad.” This belief shaped their grief responses. For some, it facilitated a rapid recovery from the pain of the loss. For others, it created internal conflict if they were unable to move forward as easily.

For other young men, this intense sadness was harder to release. Luther used the word “crushed” to describe the emotional impact of his cousin’s death. Rashawn shared that the deaths of his good friend and street mentor “definitely broke [him] down.” He reported physical changes that came with his intense sadness following the deaths. “I lost weight. That came from stressing and not eating and all that.” For De’Onte, witnessing the death of his friend while they played near their housing project “was heartbreaking, very heartbreaking.” His 5-year-old friend was caught in the crossfire between the police and local gang.

However, young men’s emotional reactions to the deaths of their peers were often multifaceted. Rarely did young men solely report feeling sad about the deaths of their peers. Andrew (22 years old) reported that he was heartbroken, depressed, and sad after he learned his cousin was killed. “I just went in my room for like two days by myself. All day. I only came out one time. I was in the room by myself, thinking about that. Why, why, why? Why, would it have to be him?” Unanswered questions often consumed the minds of young men, heightening the intensity of their emotional reactivity. Andrew’s depression quickly became loneliness because his closest cousin was dead. Andrew and his cousin saw each other nearly everyday and they did most of their social activities together. Andrew felt lonely without his cousin physically present. He lost a core member of his *small circle*.

Cassius’ small circle was his primary supportive resource following the homicide of his closest friend. Cassius (22 years old) was on house arrest when his best friend was murdered. He was unable to participate in any of the collective mourning rituals to honor his friend. In addition to his sadness over the death, Cassius felt intense anger. His

surveillance device literally kept him trapped-in with his anger and his thoughts about his deceased peer.

I was mad. I was angry. I was sad and that's all that I could think about, you know. It hurt me real bad. I couldn't get it off my mind. I was punching holes in walls and doing a lot of crazy stuff. Crying, punching holes in walls and like sometimes my cousins, brothers and them, they would stop me, holding me and stuff like that, telling me that everything alright, you know, so yeah that lifted my spirit back up... I just couldn't believe it, you know, it took me a long time, it took me some years to get over it.

For Cassius, being under the supervision of the criminal justice system was a barrier to his engagement with mourning rituals that may have facilitated his ability to express and resolve his grief in a safe and healthy way. His male peer network of cousins and brothers were a key resource to him, helping to lift his spirit when he felt saddened by the reality of his best friend's murder. However, his mind still raced with many questions about why his best friend was shot and who was responsible. All he thought about was his friend dying and his inability to do anything about it. He felt frustrated.

Across interviews, frustration typically resulted from an inability to prevent or reverse the homicide of their deceased peer. When Reggie (22 years old) witnessed the double homicide of his childhood friends, felt extremely frustrated that his trauma responses in the moment prevented him from acting to possibly save the lives of his friends. In addition to frustration, Reggie felt a whirlwind of emotions. He went line-by-line through the feelings chart, identifying and explaining the emotions he felt during and after he witnessed his peers get killed.

I was feeling hurt, scared, sad, every feeling in the book, every feeling. Angry, upset, you know, very emotional. It was a very emotional time. Frustrated, I was very frustrated. The frustrated part was just knowing I couldn't do nothing about it. I was right, man, I was right there. Like my steps is like [right on] the block, you know, they're coming down and I was right there. I could have done anything. I seen the dude come out. I aint see him take no gun out until he got, he



got close to him, that's how he got it with all that accuracy, he got real close to him and like "Bang! Bang! Bang! Bang!" Damn. I was frustrated because I could have helped. I could have done anything. I froze up. First time I seen somebody [shot]. I froze up. I was like, "What the fuck?" And like blood gushing out the man's mouth like I—I'm frozen, I can't do nothing, I'm not, no emotion is coming from me, I'm just standing there like. Like "yo, this, this can't be happening right now." I can't go through anything like that again 'cause I'd probably go insane...[and] I was feeling mischievous at the time 'cause I did want to get revenge. That was the hardest part that of that thing happening, you know. Like it's so easy nowadays, you could get revenge on anybody, it's so easy...but I don't want to hurt nobody.

Reggie's experience is a clear example of how trauma can interact with grief to shape the bereavement process for homicide survivors. Like J.R. and Redz, the actions of a stranger permanently changed his life in an instant. The trauma of witnessing locked Reggie frozen in place as his friends were shot and killed. He struggled to forgive himself for not doing anything in the moment. His sadness and anger sparked homicidal ideations in his mind and considered revenge. After the initial shock lessened, he realized revenge was not his true desire. What he wanted most was for his friends to be alive again.

*Seeking justice.* The whirlwind of emotion following the homicide of peers often left young men wanting to take action. The majority of young men reported that the police did not actively investigate the murders of their peers. Young men shared a visceral sense of injustice and anger concerning what they perceived as continued discrimination, even after death. Young men like Antwon confidently believed that if their peers were White males or lived in "the county" that a thorough investigation of peers' homicides would have been conducted.

All they see is another black man dead. They don't [care]. They see casualties like that just about everyday. That even more so brings out the anger with the police, 'cause it's likely they don't care. Now if it was a white man that got shot in his head and they suspected a black man, they would have been searching for him up and down every street and every alley. Everywhere. Just like that guy on the news, Trayvon Martin. Prime example.

Across interviews, young men's narratives tapped into a collective experience of racial injustice and discriminatory policing targeting Black men in Baltimore. By referencing Trayvon Martin, Antwon extended this shared identification beyond his Baltimore City neighborhood, connecting with a national network of young Black men who are treated unjustly by the police. In this instance, by referencing homicide victim, Trayvon Martin, Antwon is also tapping into a larger cultural experience of homicide survivorship. Together, these personal experiences and nationally covered incidents of injustice affirmed for Antwon and many young men in this same the belief that their lives were not valued.

Unable to trust the police to properly investigate the deaths of their peers, many young men decided to investigate the deaths themselves. Neighborhood rumors often narrowed alleged suspects responsible for the deaths of participants' peers. Having collected their own information and evidence, young men were left with choices: do nothing or seek justice through retaliation. As discussed in chapter five, "snitching" was not an option. Luther described his process:

Like the police, like, I done found out more than what they found out. Most people would try to avenge it. Avenge his death. Like, it's crazy because what I know, I still don't want to do nothing about. It wasn't right for them to take my cousin.

Despite knowing more information about the details of his cousin's homicide, he reasoned that it was not acceptable for his cousin's life to be taken away, and in the same regard, it was not right for him to do the same. Luther discussed his perception of a stereotyped response among Black men when a peer is killed:

Enraged! You're supposed to be mad. You're supposed to avenge his death. You're supposed to, yeah... a whole bunch of bull! Cause I don't feel that way. Like moms, females are really the ones that will say "Catch him. Give him 100

years”. *ME*, I just feel like that wouldn’t do nothing. That wouldn’t satisfy—I mean *it would*, but it wouldn’t do nothing. It wouldn’t do nothing. It wouldn’t. I feel as though my little cousin, he’s waiting for me now. He waiting for me now.

Luther resisted enacting his perceived expected response to his cousin’s death. Instead, he focused on his continued relationship with his cousin. He constructed meaning about the loss that helped him to adjust to life without his cousin physically present, redefine his relationship with his cousin, and begin to move forward with life. Each of these processes of survivorship are discussed in chapter seven.

However, this choice was not as clear for other young men. Men are more likely to be instrumental grievers (Doka, 2008), seeking to express their grief through physical action or behavior. For many young men, particularly those whose grief reactions included anger and/or were accompanied by the traumatic stress of irritability and outburst of anger, revenge was an instrumental mechanism of grief expression. After Santana found out his cousin was killed, the first thoughts that entered his mind were “I was gonna find him and kill him. Revenge.” Santana felt enraged and he began searching his neighborhood for the name of the shooter. “Well, see, I was trying to find him, but I couldn’t find him.” For Santana, this hypermasculine eye-for-an-eye ethic of street justice was the appropriate response to his cousin’s death.

Although many young men reported having homicidal ideations in the immediate days and weeks following the homicide of their peers, Mekhi’s broader network of homicide survivors took a more delayed, deliberate approach to retaliating Justin’s murder.

People didn’t retaliate right then and there, But for like a lot of other guys it was a more so a waiting game, like they wanted to “aight, we gonna let some heat die down before we do something else about it like” [and] it made them want to retaliate even more. The more time went passed the more people talked about it,

like, because I don't know what it was like a year would go pass and people be like "yeah..." people still talk about it because they know so many people in that neighborhood was going to feel some type of way about him getting killed. It was crazy...they ended up going to his house at a cookout, shooting everybody at the cookout, shooting up the backyard. I don't know, you probably seen that on the news, like thirteen people got shot a couple years ago in the backyard of a cookout and that was all behind that. And the dude who shot him wasn't there, they ended up shooting his brother and they got locked up, got sentenced like forty years. So there's been a lot of stuff behind that one incident.

Mekhi's example of his network's decision-making process around retaliation is significant for several reasons. It demonstrates the power of linked lives and social relationships. Justin was a loved and respected figure in his neighborhood. The single action of the shooter who killed Justin created a widespread experience of disruption, traumatic loss and grief for many community members. Witnessing Justin's death disrupted Mekhi's walk to the store with his mother and brother. Mekhi's exposure to lethal violence disrupted his mental health and well-being as he stood and watched the police body bag his childhood friend and wash away his blood. This created an enduring experience of trauma in Mekhi's life.

However, Mekhi's life was not the only one disrupted. This single violent act established a network of homicide survivors. This network included all persons connected to Justin who experienced the traumatic loss of his homicide. This shared loss produced enduring mental, emotional, and behavioral impacts among this network of survivors. Mekhi's story provides insight into the lasting experiences of anger and pain this group of young men experienced as they were still discussing plans of a retaliatory shooting even two years after Justin died.

This group of young male survivors then exercised lethal violence on a large group of the alleged shooter's family and friends at a cookout. Cookouts are popular

social gatherings in Baltimore City during the summer. Often times, blocks will organize a collective cookout where all residents barbeque on the same day and neighbors travel up and down the block sampling each other's food. Consequently, violence was a major disruption in the lives of those present.

News reports of this shooting indicate that the cookout was actually a mourning ritual—a celebration of the lives of two young men who were killed one year prior (Fenton & Calvert, 2009). Attendees turned victims included a pregnant woman and a 2-year-old child. Two were killed. Justin's network of survivors, in an effort to seek justice for his death, established two new networks of homicide survivors through which the pain of grief and the trauma of these losses reverberated. Cookout attendees were now part of at least four networks of homicide survivors as they were gathered to honor the lives of two earlier homicide victims.

Eventually, some of the young men responsible for the shooting at the cookout were arrested and given lifetime sentences, creating experiences of ambiguous loss in their family and peer networks as they remained alive, but physically absent from their lives. One incident of violence created ripples of homicide, trauma, traumatic loss, and grief among multiple networks of survivors. As Mekhi said, "there's been a lot of stuff behind that one incident."

***Avoiding the pain.*** The posttraumatic stress response of avoidance was prevalent in young men's narratives. As a reminder, avoidance symptoms describe efforts by a trauma-exposed individual to avoid "stimuli associated with the trauma and numbing of general responsiveness" (APA, 2000, p. 476). According to the DSM-IV-TR (APA, 2000), avoidance symptoms can be expressed as a variety of symptoms including:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma; (2) efforts to avoid activities, places, or people that arouse recollections of the trauma; (3) inability to recall important aspects of the trauma; (4) markedly diminished interest or participation in significant activities; (5) feelings of detachment or estrangement from others; (6) restricted range of affect (e.g. unable to have loving feelings); (7) sense of foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span) (p. 476).

Although each of these avoidance symptoms was present in young men's narratives, symptoms (1), (2), (5), and (6) were most closely connected to the process of responding to the pain of the loss.

Concerning peer homicide, young men frequently discussed cognitive avoidance strategies including "don't think about it" and "brush it off." Matt (19 years old) struggled to accept the reality of his cousin's homicide that happened one-month prior to his interview. He did not attend his cousin's funeral. He admitted, "I couldn't do it. Cause I just couldn't believe that it was—that he was...gone." To Matt, it still felt like his cousin was around. Therefore, he dismissed any thoughts that forced him to confront the reality that his cousin is deceased. Whenever his mind wandered to his cousin, he would "just do something else." In part, Matt feared that if he allowed himself to really think about his cousin, he would experience intense sadness that he might not be able to shift out of quickly. "Cause if I bring it back up, I think...it's just going to have me down for the rest of day, for the rest of the days, or probably just have me down for the rest of this week." Consequently, in an effort to avoid the possibility of lasting sadness, Matt made an effort to avoid thinking about or talking about his deceased cousin. As previously

mentioned, young men's experiencing intense sadness for the rest of the day or multiple days could interfere with their abilities to properly attend to the threat of violence around them. Therefore, Matt's avoidance of thoughts about his cousin might dually serve to protect him emotionally and physically.

Raphael (22 years old), a young father described the importance of "brushing it off" following the death of a friend who was shot immediately after exiting the funeral of another friend—he heard the shots and turned the street corner to find his friend lying shot dead. Raphael described his strategies of cognitive avoidance required in order to remain mentally and emotionally accessible to his daughter.

I just don't think about it. I think about me... what I want. I don't pay attention or revolve on going back to that day or anything. I just move on. I got a little girl so I just look at her and see me and that's all I see. Instead of worrying about what I've been through and everything, cause I don't want her to go through that so I don't worry about it. Mind goes blank. It doesn't go blank, but when it comes to that it goes blank, not something I talk about.

Raphael avoided the trauma of finding his friend dead by "brushing it off," not thinking about what he saw and felt that day, and by choosing not to talk about it. Raphael's ability to brush off serious traumatic events in part suggested a mental toughness and resilience. Alternately, this strategy is reflective of Raphael's cumulative trauma history (e.g. witnessing homicide when he was 10 years old, etc.). The ability to "brush it off" undoubtedly came from practiced experience. Yet altogether, his efforts to avoid the pain and trauma connected to homicides of his peers freed him to be available to his daughter and to be focused on his forward movement in life.

While Raphael describes his avoidant cognitions as central to the maintenance of emotional availability, other young men described emotional numbing as key to remaining physically and emotionally safe in the future. Young men referred to this

trauma response as process by which they *hardened their hearts*. This response was particularly noted among young men who witnessed the murder of a close peer. De’Onte (20 years old) witnessed his best friend be killed when he was just five years old. His friend was caught in crossfire between gang members and police. De’Onte described his emotional numbing:

It was tough. It was a very tough experience for me. But it kind of hardened me. I felt like it kind of hardened my heart for a minute because I didn’t trust anybody afterwards and it was like I didn’t put anything past no body.

De’Onte’s hardening of heart is similar to Redz’ description of his heart becoming as “cold as a glacier” after witnessing his best friend, Gideon, murdered. This protective response to witnessing trauma often contributed to disconnection in social relationships as young men: 1) emotionally detached themselves from family and friends, and 2) experienced a heightened sense of distrust that was generally applied to persons in the community, even family members and peers. Watching friends be killed sent a clear message to young men that no person or place was benign.

For Dennis, his movement throughout Baltimore City was restricted by his efforts to avoid the neighborhood where both his cousin Greg and his close friend were murdered.

After those two incidences, I didn’t, I couldn’t, I wasn’t, I couldn’t eat, I couldn’t think for a few days. I stayed in the house for a quite some time. I didn’t even bother going back. I haven’t gone back to Patterson Park until recently. I started going back around there pretty recently but from 2007 to about 2011, I did not touch that area... I avoided it. I avoided it like the plague. Like, I would usually just avoid it because I felt as if a part of my family and myself were taken from there and that’s just a place that no longer has nothing for me there. It was just a place where [there was] just a lot of pain for my family and I.

The spatial location of homicides in the community created a landscape of loss where city corners became mausoleums. Loss reminders and posttraumatic stress triggers



linked to the built environment made navigation of neighborhoods psychologically injurious. Many, like Dennis, described avoiding blocks or city sections where a peer was murdered as a strategy to sidestep trauma and avoid confronting grief. Just as yellow crime scene tape is hung to block off space when a young man is killed, some participants roped psychological tape around neighborhood spaces where loss reminders were contained.

However, such avoidance can facilitate disconnection. Many of Dennis' family members remained in the Patterson Park community. For four years, he did not see these family members unless they were able to travel to his neighborhood. Several of his family members decided to move after the killings, partly for safety but largely because remaining in the space was a constant reminder to them of their pain and their loss. When key institutions (e.g. school/work/health), are housed within this psychologically restricted space, disconnection is perpetuated. Consequently, traumatic loss and grief can further constrict the geography of opportunity for young Black men, perpetuating cumulative disadvantage. In this way, peer homicide, traumatic loss and grief can pose multidimensional threats to the transition to adulthood and overall health of young Black men.

Nasia's close friend, the boyfriend of his sister, was shot across the street from his house. Nasia witnessed this homicide. Unlike some of Dennis' family members who were able to relocate, Nasia was unable to move. Simply walking out his front door is a reminder to him of his friend's killing:

[I think of him] every time I walk pass him...as in where he died at. Yeah... He was right by my house so there's no possible way I could forget my brother. I wouldn't forget him even if I couldn't walk around the place again. It's crazy.

Nasia was unable to physically or psychologically avoid the trauma and loss of his friend's murder. Each day, he was reminded of the realities that he witnessed his friend die and that his mortality was fragile.

## **Dimension 2: Vulnerability**

This dimension of survivorship is grounded in young men's situated location within the context of their unsafe Baltimore neighborhoods. Young men's cumulative exposures to violence, both as witnesses and victims, established formative understandings of their vulnerability as young Black men in their Baltimore neighborhoods. Threats of violence from other community members and the police created early understandings that they could be victims of violence. Young men responded to this vulnerability by constructing safety strategies informed by their experiences of trauma (e.g. *on point*). However, peer homicide deepened young men's perceptions of their personal vulnerability and affirmed the reality that violence could kill them. Almost universally across interviews, peer homicide was the catalyst for young men's wrestling with the reality of their vulnerability to violent death. This dimension describes young men's efforts to make sense of their increased vulnerability and includes two processes: 1) contemplating mortality, and 2) maintaining physical safety.

**Process: Contemplating mortality.** The off-time deaths of peers as a result of community violence created a context for young men's contemplation of their individual mortalities. While it is not uncommon for death to raise personal awareness about the truth of our mortal nature, losing a peer to violence affirmed participants' fears that they were also susceptible to premature death and homicide. This concern was maintained by the continued presence of violence in their communities. This process describes young

men's cognitive work to make sense of their own mortality in the wake of peer death and continued risk of violent injury in their neighborhoods.

*Life is short—Tomorrow is not promised.* Across interviews, the traumatic loss of peer homicide generated a central realization in the minds of young men: Life is short. Although this colloquialism is not unique to the vocabularies of young Black men in Baltimore, its meaning is distinctive. As De'Onte's experience of witnessing the murder of his childhood friend indicates, a short life for young Black men in Baltimore could be 5 years, 15, or 20 years.

Many young men in this sample grew up hearing phrases like "life is short" or "tomorrow is not promised." However, the legitimacy of these saying was not accepted until they survived the homicide of a close peer or family member. Rashawn describes this process in his own life:

Yeah, cause like growing up, everybody my mother and father, and all the older people always saying "you not promised tomorrow." But for me to like really experience that. Like it really fucked me up in the head. Cause I left that night and come back next day they dead—after I just left. Like, it's crazy. I thought they was always joking about it but now I can actually see that like life is short for real. I don't care how you live it, what you doing, if the man upstairs wants you gone, you gone.

The traumatic loss of Rashawn's good friend and street mentor disrupted his adolescent worldview of invincibility, impacting his mental and behavioral health in the months following their homicides.

For some, the belief that "tomorrow is not promised" was spiritually grounded, explicitly expressing that God numbered their days. For other young men, this belief was situated in the context of incessant community violence. For Ricky, this truth was grounded in the built and social environments of his neighborhood.

This neighborhood ain't promise nobody. This is same thing [that] happened with Rico and my mans' mother, it can happen to anybody. So, all that chillin' and just getting comfortable, you know, I just was thinking like I gotta make it out of here, seriously. How to make it out of here?

Ricky clearly connected his risk of violent injury or death with his residential status in Baltimore City. In his neighborhood, both his childhood friend and his friend's mother were murdered. The diversity within his experiences of traumatic loss sent a clear message that violence in his neighborhood was not discriminatory, all who lived within that space were vulnerable.

*“Am I next?”* When young men experienced the traumatic loss of a peer to homicide, it created a unique realization about the personal nature of lethal violence in Baltimore. Although young men's cumulative exposures to violence as both victims and witness made them aware of the threat violence posed to their physical safety, having a peer murdered created a permanent awareness that violence could actually kill them.

Mekhi experienced several exposures to violence before witnessing his friend Justin be shot and killed. He laughingly recounted a memory from childhood where his mother caught him stuffing hard books into the waistline of his pants in an effort to protect his body from stray bullets. “I was young. I was between seven and nine years old...that's one thing that I know, they were shooting, so put something hard. So I went in the house and grabbed like four big thick books.” As a school-aged child, his awareness of violence had already been established. As an early teenager, this awareness was maintained by watching a man from his neighborhood get “banked” at the bus stop.

However, the belief that violence could kill Mekhi or any of his close peers never materialized in his mind until he witnessed Justin be shot and killed.

I didn't think that people were trying to *kill* people around my age! So, I noticed

that the things that I've been hearing about on T.V. that people hear about, they are real [and] actually happening. Everyday people are actually getting killed. I realized at the time that anybody can go at any time. And I uh, I lost a great friend. By me being young as well, it, it has opened up a big light because I didn't think that that someone was trying to kill people my age or around my age. But seeing people—seeing that person die, yeah, it was, it was big and uh I got at age seventeen, I got my [other] friend passed away he was also killed.

For Mekhi, the traumatic experience of having two close friends killed in back-to-back calendar years expanded his awareness of violence to include the fact that he, too, was vulnerable.

Coming to terms with the truth of being alive one minute and dead the next was particularly challenging for young men. This was particularly true for young men who interacted with their peers in the days or hours before their peers were murdered. On the night Rashawn's good friend and street mentor were killed, Rashawn decided to spend the night at his mother's house. He said his goodbyes to his friends and let them know he would return the next day to play football with his friend. That night, both young men were killed. Rashawn worked to internalize the realities that he could have died and his that his peers were dead.

I was just thinking about that would've meant like all of us could have died down there, for real... Only thing running through my mind is like "It's crazy!" You can see your friend this minute, next minute you turn around they gone just like that.

The only word Antwon could find to describe the experience of interacting with a peer who was in good health one day and then learning they were dead the next was "disturbing."

It's disturbing. It really make you think about like leaving yourself, like you'll be here second you're here and the next second you can be gone. Like it made me think about my life, you feel me, the value of my life, and people around me, and things happening to people around me, 'cause in twenty-eleven, a lot of people had passed. A lot of people had passed and I was just thinking like can one of us be next?

In one year, Antwon survived the homicides of four peers. For Antwon, contemplating mortality was inescapable. He constantly wondered if and when he would lose another friend to violence. He wondered if he would be killed next.

*Perceived life expectancy.* As restated in the previous survivorship process of responding to pain, one of the avoidance symptoms of posttraumatic stress is foreshortened future. Individuals who experience this symptom often “[do] not expect to have a career, marriage, children, or a normal life span” (APA, 2000, p. 476). Expressions of this symptom were dominant in young men’s narratives. Across participant interviews, the majority of young men ascribed to the belief that young, Black men die young. The exact age of perceived risk of homicide death varied among participants usually falling between the range of 15- 25 years of age.

I discovered that this belief emerged from: 1) a perceived stereotype of the larger, predominantly White society, and 2) young men’s experiences of peer homicide and traumatic loss. As Redz shared, he believed society stereotype him as “an average hood kid” who “ain’t gonna make it to see 21.” Samir discovered this stereotype through several interactions with White police officers:

A police officer told me I wasn’t going to live to see my eighteenth birthday. I am eighteen now. Another one just told me I ain’t going to live to see twenty-one, I’m going to be at the chalk line then. I told him, “When I’m twenty-one I hope I see you so I can smack you.”

Samir’s described interactions affirm the belief held by many young Black men, like Antwon, that their lives are not valued. More specifically, the belief that their lives are not valued by the police fuels distrust and maintains agentic choices about seeking justice after violent injury or traumatic loss. Samir rejects this stereotype. He turned 18 a few

weeks before his interview and he held faith that he would also see 21.

Unlike their middle-income and White counterparts of the same age, 21<sup>st</sup> birthdays were not simply milestones that marked the right of passage to purchase and consume alcohol. Reaching 21 gifted “new life.” Exceeding their anticipated passing meant new possibilities for their futures and new opportunities for developing personally and professionally. Adam was gifted “new life” four times as he continued to outlive his changing perceived life expectancy. He felt grateful and was committed to figuring out how to live on.

I’m just trying to make it in life. I’m glad I lived to see passed 18. Then I lived to see 19, 20, and 21. Most people don’t live to see that...But I did though. [Now I’m], you know, moving around and just bettering myself, just being around successful people and just bettering myself. Just getting knowledge from older people...I hang out with people that are sometimes in their mid-20’s, late 30’s just to get better knowledge and know what to do in life...I know I have a future...I want to live...you know?

Adam exceeded personal and societal perspectives about his life expectancy and looked forward to the years he foresaw ahead of him.

Ramel (22 year old young father) shared Adam’s desire to “beat the odds” prescribed by violence (neighborhood and structural). Ramel’s perception of the perceived life expectancy of young Black men was jointly forged by societal perceptions and his lived experiences of peer homicides, which affirmed the reality that young Black men in the United States do die prematurely. He explained his belief and his response to it in his daily life:

[If] he’s in my age bracket, you’re a statistic...that’s exactly what society expects you to be. Prove them wrong...Young black males between the ages of fifteen and twenty five die young. Fifteen to twenty five? You ain’t did shit at fifteen. You ain’t even took a shit properly at fifteen. You ain’t sneezed properly at fifteen. You ain’t do nothing at fifteen. Like your life, at fifteen, your life is just beginning and it’s over that fast. I made it past fifteen. I made it past eighteen and

I made it past twenty-one. My next accomplishment [to] make it out of statistics is twenty-five, when it comes to age. I get past that twenty-five mark, I just I can't wait 'cause I know I'm a make it!

As a teenager, Ramel buried many peers. He understood fully that living to see 22 years of age was a powerful achievement. Yet he still remained within his perceived range of vulnerability to homicide. His goal is to live beyond age 25. This goal was partly grounded in the desire to defy statistics. His morning ritual is to wake up, look at his kids, and tell himself "I got to prove them wrong." However, it was also rooted in his desire to "break the [familial generational] curse" of the firstborn male, all of whom have been homicide victims.

De'Onte (18 years old) is the last surviving male in his generation of his maternal kin. As one of three grandsons, he grew up in the company of his two older male cousins, Dietrich and Melvin, with whom he shared close relationships. As the only son of his mother's, Dietrich and Melvin were like brothers to De'Onte. Both cousins (Dietrich, 24 and Melvin, 22) were killed two years apart from each other as a result of gang-related violence in Baltimore City (See Figure 5).



Figure 5. De’Onte’s chronology of loss



Their successive deaths led De’Onte to seriously question his own life expectancy. When youth lose peers to death, it is not uncommon for them contemplate their own mortality; however, De’Onte took it a step further, predicting the year of his own death.

Chronologically in my head, I thought I would be dead, by 20 because they were actually 2 years younger than each other, but they died 2 years earlier than each other so I’m like, it’s about to happen when I’m 20. So, my ultimate goal was to make it passed 20, but still kinda set the record, like I can make it passed Dietrich, I know I can.

For De’Onte, the deaths of his cousins became the reference against which he forecasted his own life expectancy. According to this timeline, he only had two years left to live. However, even in the midst of this somber prediction, De’Onte revealed hope that he would evade the risk of premature death experienced as a young Black man growing

up in Baltimore City. His recent educational accomplishment of earning his GED supported this hope:

And the greatest accomplishment for me is that I will be the first one who will ever go to college and get a degree who has actually survived I will probably be the only one that passes 25. If I'm lucky. I mean by the grace of God, I've survived...but if I keep going the way I'm going, I should be able to survive. But if God wills I go before my time or when my time is up, then, yeah...but like if it was up to [me]...I would be able to go beyond 25, basically to 40, 85. But its not up to me, it's not up to me. I'm on borrowed time.

De'Onte, like many of the young men in this sample, believed he was “on borrowed time.” Like a patient battling a terminal illness, young men were battling to survive the disease of violence in their communities. The stereotyped or perceived prognosis of only having a few potential years to live posed a multidimensional threat to their daily well-being and their transitions to adulthood. For some young men, a perceived premature death shaped risky decisions including reckless violence. For others, it accelerated the life course, compacting multiple transitions and stages into a few short years. Along with saying final goodbyes to many of their cohort and generational counterparts, as an older adult would do during end of life, these transitions also included intentional decisions to transition to parenting and become young fathers.

For other young men, like Ramel and De'Onte, this “prognosis” also meant fervent efforts to “beat the sickness”. A determined pursuit of educational or occupational goals often emerged from the realization of being “on borrowed time.” Young men set goals with the hope of living to achieve them. For this reason, young men often increased their efforts to maintain their physical safety following the traumatic loss of a peer to homicide.

**Process: Maintaining physical safety.** As Matt (19 years old) shared, “It’s a lot of work to keep your life.” In chapter five, I explained the energy, attention, and effort low-income, young Black men expend in order to remain *on point*. In an effort to assert control over their bodies and construct physical safety, young men exercised diligent hypervigilance. Young men demonstrated hypervigilance in their daily moments by constantly watching their surroundings, their backs, and people. In an effort to minimize the risk of unanticipated violence, young men narrowed their peer networks to a *small circle* of trusted friends, often called brothers, with whom they shared close relationship. Consequently, the traumatic loss of peer homicide was a huge disruption to young men’s social relationships and their carefully constructed safety strategies.

As homicide survivors, many young men felt increasingly vulnerable. Internalizing the reality that deadly violence could kill them, not just others in the neighborhood, prompted young men to re-evaluate their repertoire of strategies, evaluating them for breaches or breaks, and fortifying efforts to remain not just safe, but alive. The foundation of hypervigilance is watchfulness. Therefore, young men upped their efforts to be alert for threats to their safety and mortality. Rashawn and Kenneth described this as being “on my P’s and Q’s.” Colloquially, “minding your P’s and Q’s” generally refers to efforts to pay attention to the details. For young, Black male homicide survivors it meant raising the level of intensity in both observing others and monitoring one’s own behavior. In this regard, the level of intensity and introspective qualities of this strategy differentiate it from the previously articulated strategy of being *on point*.

Rashawn described being put on his “P’s and Q’s” as an immediate response to the deaths of his good friend and street mentor. However, this strategy was also informed

by his childhood exposures to violence (e.g. witnessing a man be shot in the head at age 11). When considered collectively, Rashawn fully discerned the necessity of being on his “P’s and Q’s.” Rashawn explained his effort to maintain safety after his peers’ homicides.

Like it really put me on my P’s and Q’s. Anytime I walk through my old areas I think about my childhood. I be on everybody. I definitely be on my P’s and Q’s. Cause you got all them new faces around there...I just sit back and observe everybody.

As critical component of young men’s increased safety efforts was intense observation of others. Young men carefully monitored both the behaviors and motives of others. This was especially apparent in circumstances where rumors that a peer (typically not one in young men’s small circle) was setup or murdered by someone in their friend network.

When I asked Luther to describe his emotions following his cousin’s murder, he said that he felt suspicious. The rumors concerning his cousin’s death fueled distrust and Luther felt vulnerable to violence. He explained his suspicion:

The whole story is that he got set up. So, you know. That’s usually the ones that set you up. Yeah, and I heard last time he—the last time somebody seen him he got in a black car, like a certain car. So every car I see like that, I’m suspicious of it. It’s like a lot of stuff. A lot of stuff. Like, I don’t know. I shouldn’t feel like this, but now, since he died, I don’t feel secure. Even though he ain’t never, you know, protect me, don’t have to protect me or nothing, it just feels like, I’m vulnerable now. That’s what it feels like...And I don’t have, like it’s crazy because I don’t have no beef with nobody. Don’t nobody just like me out of nowhere. It’s just like I feel vulnerable man. [I feel vulnerable] everywhere. This is crazy.

The murder of Luther’s cousin, Jeremy, disrupted Luther’s sense of safety and security. He felt vulnerable everywhere he went and was on his “P’s and Q’s,” particularly concerning a certain black car and the persons inside them. For Luther, black cars were now associated with the traumatic loss of his cousin. In that sense, they were both a reminder of his loss and the trauma accompanying it. Despite his efforts create safety by

avoiding beefs and monitoring the motives of those who might “like him out of no where,” Jeremy’s murder still left Luther feeling vulnerable.

For Kenneth, being more mindful about his interactions with others was a critical component of his being on his “P’s and Q’s.” The recent homicides of four of his childhood friends encouraged Kenneth to carefully consider what and how he communicated with others. The perceived senselessness of these deaths cemented for Kenneth that even a minor dispute or miscommunication could produce deadly results. In response to the homicides of his peers and his increased awareness, Kenneth carefully monitored his communication and interactions with others.

I just couldn't believe it. I just was shocked. I thought they was playing with me. But nope, it's real. People is really dying like that. So yeah. It's got me on my *P's* and *Q's*. Make me think about stuff a lot more. Think before I do stuff. Stuff like that. Just *anything*. Think before you say stuff, anything. Everything. Cause people is dying on you over nothing. So yeah. It is [on my mind] because of the simple fact that, a lot of these young kids out here that I know or that I *have* known are just like getting shot, like, for what? I don't know. But, I don't want to be that person. Got too much to lose.

In addition to the attention invested in watching their surroundings, watching their backs, and watching others, the experience of losing peers to homicide inspired the careful evaluating of participants’ own language and behavior. For Kenneth, this effort was a worthy investment in conflict reduction and increased safety. Having lived to see 18 years of age, he has “too much to lose” to *not* be on his “P’s and Q’s.”

## **Chapter 8: Framework of Homicide Survivorship Part II: Coping and Recovery**

The previous chapter introduced the framework of homicide survivorship for young, Black males in Baltimore City and described the first two dimensions of this framework: grief and vulnerability. This chapter continues to layout this framework and describes the latter two dimensions: coping and recovery. The dimensions of coping and recovery are largely connected to bereavement among young, Black, male homicide survivors. Bereavement is defined as the state of being deprived or separated from someone (or something) that was valued (Corr et al., 2009). More broadly, it describes the experience of grief over time and includes efforts to make sense of the loss while working to move forward in life without the decedent.

For young, Black male homicide survivors in low-income urban contexts, the experience of peer survivorship was uniquely complicated by: 1) contexts of chronic adversity, violence, and vulnerability, 2) prescriptions and proscriptions of masculinity, 3) developmental quests for independence and prioritizations of peer relationships, 4) the traumatic nature of peer deaths, and 5) posttraumatic stress symptoms. Informed by these considerations, the latter two dimensions of peer survivorship, coping and recovery, describe how young, Black, male homicide survivors adjust, manage, construct meaning, and move forward in their lives following peer homicide(s).

### **Dimension 3: Coping**

The dimension of coping describes young men's daily struggles and strategies to deal with the traumatic loss and grief of peer homicide. This dimension involves two primary processes: 1) adjusting to life without the deceased peer(s) physically present,

and 2) managing grief and trauma. Adjusting to life without peers physically present describes survivors' efforts to integrate their knowledge of peers' deaths into the reality of their daily lives, social worlds, and futures. Managing grief and trauma involves young men's use of agency in their coping strategies. Across these processes, the posttraumatic stress symptoms of re-experiencing (e.g. flashbacks; nightmares) interfered with the daily life experiences of young men who witnessed peer homicides, and influenced their efforts and strategies to manage these symptoms.

**Process: Adjusting to life without deceased peers.** After the funerals were over and the candlelight vigils ended, young men had to live on without their peers physically present. Re-engagement with daily activities and rhythms after the collective mourning rituals ceased often affirmed the reality that peers were dead as they were no longer present in their usual places and spaces. Interactions with young men's physical and social environment created opportunities for young men to integrate the truth and permanence of peers' deaths into their cognitive and emotional frames. As young men encountered loss reminders and social situations where their peers were formerly active and engaged, they were forced to adjust mentally, emotionally, and behaviorally to the physical absence of their deceased peers.

Rashawn described the scene of his block before his friend and street mentor were murdered:

I walk down the street, everybody right there soon as you turn on my block... whatever direction you come from you gonna see me and all my brothers into that football, basketball, dice games, everything.

For Rashawn, the young men on his block were his brothers and he was particularly close to his friend and street mentor who were killed in a double homicide. Rashawn described

what it was like for him to return to his block after his friend and street mentor were murdered:

It just really ate me up on the inside...knowing that I'm getting ready to come up the block and not see the big 430 parked on the block or see my man out there—he outside before anybody come out there—my man out there before the sun come up. I used to look forward going to the block.

Not seeing his friend or his street mentor's car (430) in their usual places reminded Rashawn of the reality of their deaths. It challenged Rashawn to find a “new normal” for his block. This was particularly stressful for Rashawn who admitted that seven years after their homicides, he still struggled to accept the permanence of their deaths. Consequently, moments like turning the corner and failing to seeing his friend standing in position created dissonance between his private belief that they were still alive and the physical reality that they were gone.

This happened frequently for Rashawn, particularly when he would see his street mentor's distinctive 430 car driving down the street.

Cause like after [he] died, their grandfather was still driving around in that same car. Like yo—when I see that car, I swear down, it's him. But normally, it rides pass and it be Yo's grandfather sitting in there, like *damn*. I'm just thinking it's him—like my man came back for me. He came back to the block. But nah, it just be his grandfather. I be like... Like I be wanting to—like when I first started seeing the car, I ain't gonna lie, I wanted to cry. Knowing that that's his car, for real, [and] he's not in here or not nowhere around, for real, like it was getting to me, but I had to man up about it.

Rashawn wished his friend and street mentor were still alive. Every time he saw the 430, he was forced to confront the fact that his close peer was dead. This was extremely disappointing for Rashawn and his heart sank each time he realized that he would never see his peer driving through the neighborhood again. Despite wanting to express his emotional reactivity through tears, Rashawn “had to man up about it.” Rashawn's



masculine script reflects both societal (e.g. “act like a man box” Kivel, 2006; Connell & Messerschmidt, 2005) and cultural-contextual (e.g. cool pose; Majors & Billson, 1992) proscriptions of masculinity, which restricted his ability to cry when he was forced to “face facts” and adjust to life without seeing his peers physically present.

Dennis understood what Rashawn’s heart and mind hoped to be true each time he saw the 430 ride through the neighborhood: “Seeing in believing.” I asked Dennis to share the challenges of living on without his cousin Greg and his close friend Jonathan physically present:

Just not physically being able to just to see them like just to walk around, see them laugh, see them cry, see them eat, just to see them do things people do, it’s just, it’s just like something, like you just missing a piece of yourself that made a hole in you... and it’s just something that you just can’t get back. And...it sucks.

For Dennis, the absence of his cousin and friend from his life created an empty physical space in his social environment, but also an empty space inside of him. As Dennis explained, having this hole punched in his heart as teenager potentially meant moving through the majority of his life with this unfillable void. Although it had been four and five years since Greg and Jonathan died, respectively, for Dennis, “it feels like I’ve just been living with not having them around for like almost my whole life and I kind of hate it.” It was hard to imagine spending more years with out his peers.

When Luther’s cousin Jeremy was killed, he too felt like a part of himself died along with Jeremy:

It just, it just... Yeah, I feel like I lost a piece of *me*! So, I don’t know... I don’t know. Like, when he died, I said I lost my left leg. Like I can’t even stand without you, shorty. It’s just crazy. Crazy. I don’t know.

When Jeremy died, Luther not only faced the challenge of adjusting to life without his cousin physically present, he faced the challenge of constructing a new sense of self that

could move forward and function in the world without his “left leg.” It disturbed his personal identity and compromised his support network, as Jeremy was someone who “helped him stand”. For young men in this sample (ages 18-24), the challenge of identity construction was a central developmental task that often happened in the context of their social relationships. As demonstrated by Dennis and Luther, having a close peer die was a disruption to this task, complicating young men’s identity formation. Consequently, adjusting to the physical absence of their peers sometimes involved adjusting one’s sense of self.

However, adjusting to life without peers physically present was not solely a task for the moment. It also required young men to acknowledge futures without their peers. As young men were building toward independence and transitioning to adulthood, many imagined what their futures would be like, contingent upon their continued safety. Luther often wondered what he would be like in the future. In his projections, he imagined both himself and Jeremy accomplished, married, with jobs, and cars and “sneaking out from our wives, and stuff like that, you know? Like I wanted to see stuff like that.” Jeremy’s murder deprived Luther of these future experiences.

So I feel as though, when I lost him, it was, it’s, it’s, it’s like, it’s just crazy because that’s who I see myself with! Future-wise. I wanted *to see* how we would be in the future. So him being taken out the future-*THAT’S* what messed me up. That’s what hit me the hardest. He not going to be there. Like, *THAT’S ALL!* That’s, that’s the main reason. He not going to be in the future—when I get what I want, you know? That’s...that’s... that’s what hurts the most. He ain’t going to be able to be there... Cause I really thought my cousin was going to be there like...way down the line, we was gonna see each other’s families and everything. Like it’s always been. Like it’s always been...

Instead of transitioning into adulthood with Jeremy, Luther faced the challenge of transitioning to adulthood without him. As Luther worked to adjust to his cousin’s

physical absence, he also tried to force his brain to integrate the reality of the loss into his mind, but as he shared, “it’s still not registering in my head space, you know?” While this truth may not be integrated into Luther’s mind, it occupies a lot of it. “Right now, on my mind, the only thing that’s on my mind other than my cousin is getting this GED cause I know that’s what I need.” Jeremy’s death took priority in Luther’s mind as he struggled to adjust to life without his cousin. Second to Jeremy was his goal of an education. Preoccupation and rumination about his deceased peer consumed Luther’s thoughts and distracted him from his educational responsibilities. In chapter six, Luther’s case study acknowledged that the traumatic loss and grief resulting from peer homicide often “set young men back” and contributed to disconnection for young, Black male homicide survivors in low-income urban contexts. Here, his narrative provides additional insights about *how* this happens for homicide survivors.

However, neighborhood contexts and dynamics also created a unique challenge to young, Black men’s process of adjusting to life without their peer’s physical presence. Police distrust and injustice, code of the street, and codes of silence all converged when alleged killers of peers often shared physical space with survivors. “No snitching” community protocols paired with a lack of faith in the police to protect them from violence often meant that survivors “knew” who killed their friend, but were unable to pursue legal justice. In these scenarios, survivors were challenged with the task of adjusting to life *without* their peers physically present while burdened with adjusting to life *with* his killer present. Mekhi lives in the same neighborhood as his friend’s killer. He described this experience:

Like the young guy that did it lived around there too and because he’s in a gang now, the top black gang in the world, pretty much and they dominate the prison

system and they just recently started branching out to the streets and now they dominating the streets so he's a part of that gang and don't nobody wants to say anything so now he's just walking around just a free killer just. It's crazy... And there was even more anger knowing that everyone knew what happened and people even seen it happen, eyeball witness seen it happen and the young guy, he's still walking around! And that guy actually killed somebody else and people seen it then [too] and he still walking around!

While young men were deprived of seeing and interacting with their deceased peers, they often lived in neighborhoods where they *could* see and interact with peers' alleged killers. For survivors, seeing the person believed responsible for killing a friend was not only a reminder of the loss, it was also a reminder of the trauma. Aware that peers' died violently, encounters with the person responsible reminded young men of the traumatic nature of the loss (e.g. sudden, violent, senseless/preventable), and triggered posttraumatic stress responses (e.g. flashbacks; irritability or anger outbursts; and/or hypervigilance) among survivors. For Mekhi, his anger at this young man's continued life and freedom in the wake of his grief left him wanting to "do something," meaning violence. But in the end, he decided he "just had to—got to keep a clear mind."

**Process: Managing grief and trauma.** This process describes survivors' efforts to cope with the grief and trauma of peer homicide in their daily lives. After getting and confirming the news of peer homicide, young men were immediately presented with the enduring challenge of finding ways to deal with the impact of grief and trauma on their lives. The need to manage grief and trauma symptoms often became apparent as the initial shock of the loss was absorbed and young men's daily rhythms challenged them to adjust to life without their peers. A diversity of strategies emerged from participant's narratives.

Avoidance remained a primary coping strategy for many survivors in this sample. Many young men continued to make deliberate choices to avoid the grief and trauma connected to their experiences of peer homicide, even years out from the death. When Myles witnessed the homicide of his best friend at age 11, he kept this to himself until he was 17 years old. His friend was shot on their way to school. Myles ran and made it to school, physically uninjured. Psychologically, he was harmed. He told no one. For months he awoke in the middle of the night with nightmares where he saw his friend's face or heard the gun going off. This left him exhausted for school the following morning. His school behavior worsened. He felt he needed more protection so he started carrying a gun. He estimated that he was unable to think about anything else except witnessing his peer's death for three months. Yet it was not until he was 17 years old that he shared with anyone about his experience. He explained his decision to open up:

[By] seventeen, I had already lost like two other close, close friends. I guess they wasn't too close, they were friends. People who impacted my life. So, I'm like, wow, people just drop around me like flies. Maybe I should get some of this off my chest before I become the next one on the list. So I started opening up a little bit, between me meeting somebody who definitely gave me inspiration and gave me enough courage to be myself, that's when I started opening up.

The increased frequency of peer homicide prompted him to open up. He feared that perhaps his response to trauma would jeopardize his safety.

I became like this—my ego was so out of control and I just, I had this thing like you know, this mentality, where it was either, you know, I hurt you before you hurt me or I will hurt everybody that you ever came close to or cared about before you hurt me.

Myles' reasoning was in sync with trauma theory, which suggests, that "hurt people, hurt people," and are more likely to become victims of violence (Rich et al., 2009). He also entered a serious romantic relationship where his experiences of sharing

were deepened. In the context of this safe relationship, Myles found the courage to be purposefully vulnerable and disclose his experience of traumatic loss. Myles' willingness to be vulnerable is significant. Young, Black men faced constant physical and psychological threats in their neighborhoods, which required them to take actions to mitigate this chronic vulnerability (e.g. *on point* and P's and Q's). Consequently, his purposeful positioning of himself as vulnerable was a huge risk. For Myles, it paid off by allowing him to share stories of homicide and grief that he had never shared before.

Like Myles, Wayne's experiences of witnessing and experiencing multiple peer homicides remained untold until he sat down for his research interview. For 13 years, Wayne carried the experience of watching his uncle be beaten to death with a baseball bat to himself, so much so that he did not speak with his family for one year following the death (selective mutism). Wayne opened up during his interview and revealed his narratives of survivorship. He surprised himself at his level of sharing:

Just to let you know like, I never vented to no one like I vented to you now. I don't like talking about how I feel and my problems and stuff. I'm never this willing to be open and talking to anyone. It's like, you listen to me, instead of making your own analysis. You just, you just try to hear and try to get an understanding. Just sometimes, sometimes you just need somebody to listen. *Years*, I've never done that. Ever. It feels crazy, that's why I brought it up. But I, never felt like that. Never. Like, refreshed, feel like I just been flushed out with all the stressing. I got to get it off my chest. Things I have been holding in for years.

Wayne moved through multiple institutional systems across his life course including foster care and the criminal justice system where mental health assessment and evaluations were conducted. Yet it was in the context of his research interview that Wayne revealed his stories of trauma. How could this be? How could six traumatic losses resulting from homicide be missed? What questions were asked/not asked? What respect was given/not given? What trust was demonstrated or not? Could it be as simple yet as

powerful as both Wayne and Adam articulated? “Sometimes you just need somebody to listen.”

Other young survivors like Chris and Rashawn preferred the listening ears of other young men in their network of homicide survivors. Chris witnessed the homicide of his good friend just steps away from the neighborhood basketball court. His friend died there before he was taken to the hospital. As Chris shared about that night:

I sat right there until the ambulance came. Then I went in the house. Held my baby mother. Went to sleep...[I told] my homeboys. We talked about it. Talked to his brothers. Yeah, but not as far as my family or my baby mother. I don't like that. I told her, but I ain't tell her like the story. I ain't tell nobody the story, for real, except the people that was there and I ain't have to tell them the story they was there so they knew the story.

Chris did not want his son's mother to worry about him. Therefore, after returning home from watching his friend die, he just held her tightly and fell asleep. He only discussed his witnessing of homicide with his homeboys who were there—he did not have to explain anything to them for they viscerally understood. Chris' narrative has a similar texture to the narratives of soldiers who uniquely know and understand each other's wartime trauma exposures. Chris' network of survivors uniquely understood his trauma exposure in their urban warzone.

Similar to many veterans, young, Black male homicide survivors in this sample masked their grief and trauma through substance use. Alcohol most commonly accompanied grief rituals, with young men drinking together instead of going to funerals or pouring libation to “dead homies.” However, marijuana was most commonly named as a specific coping strategy to manage grief and trauma. When Luther found his cousin died, in an effort to cope he shared, “I smoked. I smoked. I smoked. I smoked. Like a lot of songs I hear now memories just playback in my head. Can't stop thinking about him.”

Luther shared that sometimes he smoked and had conversations with his cousin. He imagined his cousin's responses and he felt closer to him when he was high.

Santana (20 years old) smoked in an effort to calm down when traumatic images of his cousin's drive-by shooting popped into his head. His cousin was killed in a drive-by shooting on a day that Santana was not with him. He often replayed that day and what he imagined what happened. He often inserted himself in this memory, hoping for a different outcome. Although Santana smoked prior to his cousin's murder, Santana reported that he started smoking heavily at age 11 when his cousin was murdered and has since maintained that intensity of usage through today. Celly and Redz also reported an increase in marijuana use or "smoking heavy" in response to a peer's homicide.

However, other young men engaged with athletics or the creative arts in order to manage their grief and trauma connected to peer homicide. Andrew and Antwon used art to cope with the deaths of their peers. Marshall and Luther used music to cope. Niko and Redz played basketball in order to clear their heads and specifically take their minds off of their grief and trauma. Chris used to enjoy playing basketball at his neighborhood court. However, after his friend's killing there, it became part of his restricted landscape of loss, a space no longer visited because of the traumatic memories of peer homicide contained within it.

Participants rarely mentioned reaching out to adults in their lives to help them cope. Andrew was the only participant to indicate his father (or any parent) was a key coping resource. He father often gave him guidance and was particularly supportive when his cousin was killed. Otherwise, young men either managed their own experiences or reached out to peers for support. In part, this may be connected to young men's



developmental tasks of establishing independence from their families of origin. However, for Chris, his choice not seek support from adults following peer homicide was deliberate. He explained:

I don't think that adults should really get into it cause I feel like when other young people get murdered, adults don't—when they talk to their kids about it they don't be sensitive to it, I guess. They don't understand that their child is hurting. They worried about their child getting hurt. That's what they direct their conversations on—most parents these days [say], “That's why I tell you stay in the house!” “That's why I tell you to do this, that's why I tell you to do that, so you won't be the one to do it.” That's usually how that conversation goes instead of, “Are you okay?” “How you feel about it?” and stuff like that and actually try to comfort your child.

Chris' perspective provides several important insights. His choice to deal with the traumatic loss of peers apart from adults was grounded his experiencing adults as insensitive to his pain. For Chris, it seemed the primary concern of adults was the physical safety of the young person in their lives. Certainly, this fear is understandable and it illuminates the impact of the frequent neighborhood killings of young, Black men on parents and guardians. From Chris' example, the traumatic loss of a peer also seemed to evoke hypervigilance in parent-figures. In an attempt to construct safety for their children and to reduce their personal probabilities of becoming homicide survivors, parents responded with the intensified instruction to “stay in the house.” By keeping their young men inside and off of the street, parents hoped to keep them alive.

However, the trauma of the loss also restricted parents' abilities to respond to their sons with empathy concerning the death of their peer(s). Instead of exploring the experience of loss, asking questions to uncover young men's pain or comfort them in their grief, some parents' responses to the news of peer homicide were limited to hypervigilance and fearful protection of their young men. Adults also socialize male

children to masculine norms. Parents' own beliefs about how young men should feel or respond following a loss may further contribute to their seemingly insensitive responses in the wake of peers' homicides. Consequently, many adults may miss the opportunity to facilitate sharing and healing in the lives of their young men.

Developmental efforts to personify independence coupled with masculine scripts may keep young men from talking with adults about their trauma and grief. They may present themselves as "cool" or unaffected, leading adults to believe they did not need to extend comfort or ask questions about the mental and emotional well being of their young men, creating an interactional cycle fueled by traumatic responses and masculine socializations (e.g. arousal in parents; avoidance in young men). In this sense, peer homicide shaped family processes and dynamics between adults and young men.

Unable to turn to parents for comfort, many young men in the sample turned to their faith in God to help them cope. Ricky gave credit to God for helping him to make it life so far. Ricky survived the greatest amount of homicides (10) across the life course of any participant in this sample. After his close friend was killed when Ricky was 11, he began "crying out for help" through his reckless behavior (discussed in chapter six) that could have seriously injured him. He shared the ways his faith helped him to cope: "God helped me through. 'Cause seriously, I wouldn't even be here today. I wouldn't be talkin'. Either I'da had life or I'da been dead. Like, seriously." Marshall described God as the only one who could truly heal him from all of his past hurts. Like many participants, he believed that every thing in his life, even the loss, grief, and trauma, had a reason. Specifically, Marshall believed that God was looking out for him and bringing him

through circumstances with a greater purpose in mind. For Marshall, his faith in God helped him to manage grief and traumatic loss.

#### **Dimension 4: Recovery**

The fourth and final dimension of this framework of homicide survivorship for young, Black, men in low-income, urban contexts is recovery. This dimension describes young men's efforts to find or return to a sense of equilibrium and move forward in life following the traumatic loss of a peer to homicide. This dimension involves two processes: 1) constructing meaning, and 2) redefining and moving forward. The process of constructing meaning describes young men's efforts to discover a greater purpose connected to peers' homicides through redemption, generativity, and legacy. Informed by Worden's theory of mourning (2002), the process of redefining and moving forward involves young men's efforts to continue relationship with the deceased peer in a new way (e.g. memories) and to move forward beyond the grief.

**Process: Constructing meaning.** Armour (2003) stated that persons who cannot construct meaning about loss are a higher risk for experiencing complicated or prolonged grief. However, this process can be challenging, as it is difficult for survivors to make sense of senseless deaths. Therefore, Armour (2003) suggested that action accompanies the process of constructing meaning for homicide survivors. Informed by this work, this process is theorized to involve survivors' efforts to give action to their personal meanings constructed about the traumatic loss of peers. Among this sample of young, Black, male survivors of peer homicide, three themes emerged in participants' meaning-making processes: 1) redemption, 2) generativity, and 3) legacy. Each of these mechanisms for constructing meaning demonstrate the power of linked lives as young men worked to live

on for decedents (redemption), give back to others (generativity), and establish lasting memorials for deceased peers (legacy).

Redemption describes survivors' efforts to transform the pain of the loss into positive action in their lives. For some survivors, the deaths of their peers not only heightened a sense of vulnerability, it served as a wakeup call for young men whose behavior contributed to their risk of violent injury and homicide. Wayne described the homicide of his best friend and partner in crime as a "reality check." Terrence and Wayne were very close and the death was devastating for Wayne. It also crystalized for Wayne that continuing in his present lifestyle could result in his premature death.

Before Terrence was murdered, Wayne described his lifestyle as: "Young, wild and free. Living. Doing what I want, when I wanted how I wanted. Not thinking, never, thinking about the consequences or the future, just living for today." He reported that Terrence's death "calmed me down a lot." The painful reality of Terrence's death prompted him to shift his perspective and approach to life. He shared this new approach:

I live for the future. Make something out of myself. But most people try to tell me that like, if you grew up in that part of town, you ain't gonna be nothing, you ain't gonna make [it]. I'm doing it for myself. I ain't worrying about what nobody else had to say. I'm doing me.

In the wake of Terrence's death, Wayne exchanged their "young, wild, and free" lifestyle for one that was future-focused.

Luther exchanged the pain of his cousin Jeremy's homicide for motivation. Jeremy's death gave him a greater sense of purpose outside of himself that pushed him to daily strive for success. Although Luther felt restricted in his abilities to seek justice for Jeremy's death, he felt confident that his cousin's death would push him toward his desired future:

I don't know...it ain't too much I can do though. So like now I really, I do stuff for him now. I feel as though, like I really be thinking to myself like, out of life sometimes what I need is motivation. You know, so, yeah, but I really do stuff for him now cause he was on his way. Now he got a son, so now I can be a big cousin to his son, even though I was his big cousin I can be a big cousin to his son now.

The news of Jeremy's death was very disruptive for Luther, contributing to temporary disconnection and a setback in his educational progression. Luther then made the choice to redeem the pain from Jeremy's death for motivation. Like many young men in this sample, he committed to "live on" for their deceased peers. He also gave meaning to the homicide through his generative interest in caring for Jeremy's son. Just as Luther was Jeremy's big cousin, Luther reclaimed this role through Jeremy's surviving son. Taken together, Luther's redemptive and generative intentions and actions allowed him to transform the pain of his grief into meaningful action.

Like Luther, Ricky had a strong sense of generativity. Ricky survived 10 homicide deaths across his life course starting when he was 12 years old. Although he struggled to remain connected to the SUP program, he was driven by a desire to give back to his community, particularly to the children in his neighborhood:

Kids too, I'd give back to the neighborhoods, whatever. Just personally I'd just like to change somebody's life, help somebody out, you know? Like take my people out—just like put a smile. Personally, I want things to be like the old back in the days. Yeah, good old days. I ain't gonna sit here and cry 'bout the people that died is just the people that's still alive, help 'em out and make sure they don't end up like the people that's on this list right here.

Ricky accepted the reality that he could not do anything to change the truth of his 10 homicide deaths. However, his motivation to help was to prevent future homicide victims. This desire prompted Ricky to join Mekhi in a volunteer effort to talk with young boys at the local juvenile justice center. They formed a small group that informally mentored incarcerated youth. For Ricky, meaning came through generative efforts.

Antwon's best friend, Adam, was killed by the police. As previously mentioned, this death was an intense experience of loss for Antwon, evoking shock, sadness, and anger. Antwon chose to participate in the candlelight vigil for Adam and had the privilege of lighting the candles in memory of his best friend. However, Antwon wanted to do something to ensure Adam was always remembered, not just at anniversary vigils, but everyday. He wanted to preserve Adam's memory and extend his legacy. Shortly after Adam was murdered, Antwon's girlfriend became pregnant. The discovery of the baby's sex revealed how Antwon would extend Adam's legacy. "The first trimester screening we went to, that's when we found out we was having a boy. And I already knew that he was going to get Adam's middle name." Antwon included Adam's name in the naming of his firstborn son. As Adam's namesake, Antwon's son was a living memorial for Adam. When Antwon interacts with his son, he also continues relationship with his deceased peer. Antwon used his pain to establish a legacy for his deceased peer.

**Process: Redefining and moving forward.** Informed by Worden's theory of mourning (2002), this process describes young men's efforts to find new ways of continuing relational connections with peers after death, with the goal of moving forward beyond the grief and onward in life. It also involves young men's abilities to allow themselves to recall memories of the decedent and their abilities to do so apart from the traumatic nature of their deaths (Shear, 2012). The previous process, constructing meaning, highlighted the powerful connections in young men's relationships with their deceased peers as their efforts to constructing meaning also involved creating new ways to continue relationships with decedents. Following peer homicide, young men were challenged with both adjusting to life without the decedent physically present and with

figuring out the best way to remain connected to the deceased. For some participants this involved looking at old videos or photos of the decedent. As Luther shared, he downloaded an old video of his cousin to his cellular phone so that he could watch it whenever he was thinking of his cousin.

J.R. kept his brother's picture beside his bed, greeting it each morning and evening. Like many survivors in this sample, J.R. believed that his brother was still with him in spirit, guiding him and watching over him. Ricky felt the same way about the 10 homicide deaths he experienced over the life course.

Cause I know one thing, every last one of these, you feel me, people who are watching over me. And it's-- and you know, they want me—I know they would want me see do good. So. I'm going to live just like as if they was still here. Do good. I don't always do good. Probably most the time I don't do good. But. Gotta make something outta life. I gotta make something happen.

Like J.R. and Ricky, many survivors believed that deceased peers from their *small circles* were now watching over them instead of physically watching their backs, as they would have done in the neighborhood.

Finding new and healthy ways of continuing relationships with deceased peers was a critical step in helping young men integrate their experiences of traumatic loss and grief into their daily lives. It supported their movement out of acute grief (e.g. shock and intense emotional reactivity typically present closer to the time of death), and forward in their lives. However, this process varied across participants with some being able to move forward fairly quickly after loss (e.g. Raphael) and others becoming stuck in their grief.

Santana (20 years old) found he was stuck in his grief and felt like he could not get out. When Santana was 11 years old, his cousin was killed in a drive-by. He carried

guilt for not being there to protect him and he felt anger that he did not get to spend more years with his cousin. He constantly ruminated on the traumatic loss. He wanted to move forward but did not know how. He explained:

I want to let it go, but I can't... I mean I care too much for him... I miss him truly, but I should have been there for him. I don't know... Cause it's like I'm trying to move on but I can't move on. Thinking about that day. I don't know. [It's] hard. My whole life probably would be turned around [if I could move on]. I would stop smoking, for one, you know... I probably wouldn't be smoking at all.

For Santana, moving forward was synonymous with no longer caring for cousin. Letting go of traumatic memories of the day he was killed meant forgetting about his cousin altogether. Consequently, he held onto the trauma and the grief in an effort to demonstrate his continued connection to his cousin. Holding onto this pain significantly contributed to his marijuana use. Santana believed that his marijuana use may have been prevented entirely if he did not have his experience of traumatic loss. He believed it would lessen if he were able to find a healthy way to move forward from the grief and trauma of his cousin's murder.

Santana's narrative, along with Redz' narrative, provides insights into connections between peer homicide, trauma, grief, and substance use among young, Black male homicide survivors. The prolonged grief connected to his cousin's murder 9 years ago maintained his drug use, presenting serious barriers to employment for a young man enrolled in a job readiness program. However, Santana's narrative suggests that addressing the grief and the trauma connected to his experience of peer survivorship are necessary to reducing his marijuana use and certainly changing his relationship with the substance.



Dennis tried to articulate his recovery process to me following the deaths of cousin Greg and his good friend Jonathan:

I wouldn't know, I just tried to live, I just tried to live everyday like it's, like it's business as usual. And so far it has been like that with my mind wandering every now and then. That's just what it always does. And um, it would wander to them, I would find myself blank staring out or daydreaming about you know, people, even you know, going to sleep and having dreams about seeing my tall lanky cousin. And you know, and I wouldn't feel sad or anything about that I would just be relieved that I could at least still see him in my memories, in my dreams, or still have a good memory of him. And that I am content with it, I think that's helpful...I think that just trying to take one day at a time and just, letting whatever forces or problems that be just run it's course. And, that's how it's been.

Unlike Santana, Dennis was able to separate the traumatic nature of their deaths from his memories and experiences with Greg and Jonathan before their homicides. He felt connected to them when they appeared in his thoughts and dreams, though his deceased peers did not consume either. When he did remember them, he was not overtaken by the intense sadness he felt in the weeks, months, and years following their deaths, four and five years ago, respectively.

In his narrative about recovery, Dennis spoke at length about how masculinity can complicate the recovery process for young, Black male homicide survivors. His thoughts and recommendations for support in recovery are presented:

A lot of men believe that you know in being a man, you can't show these emotions, you can't, you know, cry you have to suck it up and be strong, you got to be tough. But sometimes, you know, sometimes you got to have somebody to lean on and not all situations, you're meant to be strong. There's some instances where breaking down is a good option because it helps you build back up and it helps you heal. When you continuously hold onto something like that with not venting or not taking it how it's supposed to be, that can, that can be hurt, that can be greatly hurtful 'cause that's something that you never let go...But the things that men, that these men go through or the way that they're taught to be is you know the norm of things that you can't or not supposed to do and it's something that shouldn't just be going around like that. And so, I believe that there's some difficulty in doing so, but when there is a, but when they actually find and see for themselves or when some is able, such as yourself, is able to give that push or

bring up something just to kind of get them in the motion of even beginning to heal but like, then that in itself I guess will help get them in shape to be more prepared to actually be better men than what they are now or better men than the people who passed because I'm sure the people who passed wouldn't want them to be in that situation they went into.

Dennis made several important suggestions to facilitate recovery. Some of his recommendations were directed at his peers and others are important for researchers and professionals working across systems with young, Black male homicide survivors.

Dennis named the importance of the professional taking the lead in raising questions and facilitating discussions about personal experiences of trauma and loss among this group.

As he stated, simply providing the space and raising the issue can position young, Black male survivors to open up and share about experiences of trauma and loss in their lives.

However, Dennis also noted that the role of the professional is to “help get them in motion.” This also suggests a pulling back on the part of the professional, allowing young men to share openly once the conversation is facilitated. In doing so, professionals can create a space where by taking the lead and raising the tough issues, young men are provided the opportunity to open up and be heard. An experience very different from what Chris explained happened in young men's relationships with adults in their lives. I believe this is what happened for Wayne who shared his experiences of trauma, loss, and grief for the first time in his life during his interview.

Dennis also addressed masculinity as a barrier to young, Black men's healing processes. Dennis referenced norms or societal and cultural-contextual scripts of masculinity as a barrier to young men releasing emotion. For Dennis, this release of emotions was perceived as necessary in order to fully heal (e.g. breakdown to build up). Lastly, Dennis noted the importance of recognizing when life circumstances require responses that are dissonant with prescriptions and proscriptions of masculinity. While no

consensus emerged from the data about young men's perceptions of rules or expectations concerning how they were to respond to loss and express grief, the implications of masculinity for traumatic loss, grief, and peer survivorship are important to consider in future research and practice with young, Black men.

## **Chapter 9: Discussion**

The goal of this study was to gain a greater understanding of the lived experiences of young, Black, homicide survivors in low-income urban contexts. Specifically, the aim of this research was to gain deeper insights into how young, Black men grieve and recover from the traumatic loss of peer(s) resulting from homicide. This study also worked to understand how the context of place shaped young Black men's exposures to violence, experiences of peer homicide, and accumulation of trauma across the life course. It uncovered young men's emotional experiences in response to peer homicide and it highlighted their persistent vulnerabilities to violence and trauma. Lastly, it examined the resources and strategies they utilized in an effort to cope and construct safety in the face of chronic threats to their health and well-being.

This study contributes to the bodies of literature on place and health, exposure to violence, trauma, and homicide survivorship among Black boys and young men. This research also makes important theoretical contributions particularly, the development of a framework for examining homicide survivorship among young, Black men in urban contexts. This research presents methodological contributions in conducting successful research with a "hard to study" population of low-income, young, Black men. The benefits of using qualitative methods to understand more about trauma, violence, and loss are also demonstrated in this work and serve as a powerful tool to add young men's voices to the larger conversations and considerations about trauma, grief, and homicide survivorship. Finally, this study offers implications for practice (clinical and programmatic) and policy concerning young, Black men in low-income, urban contexts.

## **Research and Methodological Contributions**

**Exposure to violence and trauma in urban contexts.** This research deepened and expanded our understandings of young men's exposures to violence across the life course. Beginning in early childhood and continuing into emergent adulthood, young men reported being exposed to community violence through what they saw in real time (e.g. witnessing violence, non-fatal and fatal), discovered during play (e.g. decomposing bodies of homicide victims in parks and pools), heard (e.g. violent disputes, gunfire, etc.), and felt (e.g. direct experiences of non-fatal violence by community members and police). These findings extended beyond data presented in the existing literature that documents the occurrence of exposure to violence (e.g. assessing whether a violent event happened in the past year; Jenkins et al., 2009) by offering a detailed understanding of the ways young men processed and responded to chronic and cumulative exposures to violence and trauma across the life course (e.g. early childhood, school age years, adolescence, emergent adulthood).

The rich narratives of participants' lived experiences offered thick descriptions that affirmed the everyday experiences of young, Black men in urban contexts as comparable to those of warzones abroad (Bell & Jenkins, 1991; Dubrow & Garbarino, 1989). However, unlike soldiers fighting abroad, young, Black men are fighting to survive warzones at home in their urban neighborhoods. There is no reprieve from the violence and trauma as young men are unable to return home from regions of violence and trauma. They remain situated in residences within violent neighborhoods and many young men lack the educational and economic resources and social capital to relocate to neighborhoods of reduced violence and increased safety. Consequently, the young men in

this study were perpetually positioned vulnerable to community violence and trauma. When coupled with limited access to mental health services (culturally competent and trauma-informed) in their low-income neighborhoods and contextual codes of silence (e.g. globalized no snitching protocols), young men were often left to independently struggle with untreated trauma.

Yet, chronic exposure to violence and war-like trauma in low-income neighborhoods is largely unacknowledged in the United States. Instead, interpersonal violence in urban contexts is largely perpetuated and exacerbated by structural violence (e.g. racism and discrimination) and social determinants of health (e.g. conditions impacting where people live, work, learn and play—housing, education, employment, healthcare and environmental inequities) in the United States (Carter-Pokras & Baquet, 2002; Eitle et al., 2006; Weingarten, 2003). The narratives of the low-income, young, Black men in this sample clearly articulate to the research and policy sectors that when it comes to mental and physical health and well-being, *place matters*.

In addition to creating conditions that increase the propensity of violence, these structural and social injustices also contributed to young men's everyday experiences of trauma (Rich et al., 2009). In this study, young men's narratives about police surveillance, targeting, harassment, brutality, and *justifiable homicide* provided clear insights into the chronic stress and everyday trauma connected to young men's social location: young, Black, low-income, and male. In addition to having to be *on point* or alert for experiences of interpersonal violence from community members, young men described having to be on guard for violence perpetrated by the police. Unable to resist or

exercise violence to defend themselves against victimization by the police, young men's interactions with the police were often traumatic.

Too often, police were described as agents of harm, not help. This was especially the case when police were responsible for the traumatic loss of peers resulting from *justifiable homicides*. Several young men in this study survived peer homicides that resulted from interactions with police officers. These losses were particularly traumatic, as young men felt robbed of closure and justice. Police officers were rarely investigated for the killing of an alleged Black male suspect, and young, Black male survivors lacked power to pursue justice following the *justifiable homicide* of a peer (through litigation or retaliation), perpetuating their traumas. Altogether, regardless of the perpetrator, the homicides of their peers often went uninvestigated and received little media attention. For young, Black male homicide survivors, this sent a clear message that the police and their larger Baltimore community did not value their lives.

#### **Homicide survivorship, the transition to adulthood, and traumatic stress.**

This research critically expands the scope of the homicide survivorship literature. To my knowledge, this study is the first to specifically examine and demonstrate effort to disentangle the complexity of the experience of homicide survivorship for young, Black, male homicide survivors in low-income, urban contexts. Bordere (2008) conducted a study with 10 Black males ages 12-15 specifically examining how these young men understood the specific mourning ritual of "second-line" funeral processions in New Orleans held for 10 victims of homicide. While this study offered insights about gendered grief expression (e.g. dance and memorial t-shirts), it largely centered on young men's reactions to how grief was expressed at this specific "second-line" ceremony. It did not

examine the deep and complex mental, emotional, and behavioral impacts and experiences of the young men as homicide survivors. It also did not consider the larger contexts of violence in which young men in New Orleans were situated. Therefore, this study brings innovation to the field by: 1) including the in-depth narratives of young, Black, male homicide survivors in the empirical dialogue on traumatic loss and homicide survivorship, and 2) critically considering the context in which young men's experiences of survivorship are situated.

Young, Black men are the most likely to be killed each year in the United States (CDC, 2011), and this disparity is greatest among young men ages 18-24 both nationally (Bureau of Justice Statistics, 2010) and locally in Baltimore (The Baltimore Sun, 2013). Yet until this study, their experiences as survivors of homicide were largely overlooked in the empirical literature. Sharpe (2008; 2011) conducted research exclusively with African American homicide survivors that purposed to understand how they cope with a homicide death of a loved one. In each sample, two males of the total samples ( $N = 5$ ) and ( $N = 8$ ), respectively, were males and participants tended to be older. This study drew from the experiences of 40 young, Black men (ages 18 – 24). Therefore, by recruiting participants who were 18 – 24 years of age, this study's sample keyed into the group of young men both nationally and locally in Baltimore that are most likely to be survivors of peer homicide.

The methodological tools of this study (e.g. chronologies of loss) helped to identify the frequency and timing of traumatic loss in the lives of young, Black men, systematically total peer homicide rates in this sample, and demonstrate the disparity of traumatic loss resulting from homicide among this group. Across just 40 interviews,



young men reported surviving 105 peer deaths to date. Many mentioned surviving more but were unable to recall with specific frequency because the prevalence of peer homicide deaths was so great. These data specifically confirm both the disparities of homicide and the traumatic loss resulting from homicide deaths among young, Black men.

The disparity of traumatic loss is persistent across ages and developmental stages of young, Black men as documented through participants' chronologies of loss. This tool also allowed me to capture both the developmental timing and multiplicity of loss among young, Black, male homicide survivors. As reported, the traumatic loss of peer homicide was represented among the lived experiences of young, Black men in early childhood, school age years, adolescence, and emergent adulthood. While future research is needed to further understand the patterning and trajectories within these data, this a major first step in documenting the prevalence of homicide across the life course for young, Black men and addressed this gap within the homicide survivorship literature (Hertz et al., 2005).

This study also contributed to the literatures on peer relationships, peer death, and the transition to adulthood for young, Black men. Young men's relationships with peers, particularly males, were complicated by neighborhood violence. In an effort to remain safe, young men often made agentic choices to narrow their peer group to a *small circle* of trusted peers. These relationships were intense and characterized by deep emotional and social connectedness, with young men often referring to their closest peers as brothers. While this narrowing of the peer group served a protective function for young, Black men in urban contexts, it is somewhat counter to the developmental expectations of

emergent adulthood. For emergent adults, particularly middle and upper-income young adults or those connected to the worlds of higher education or consistent employment, a key task of this developmental period is expanding one's social network and thereby increasing social capital (Settersten, 2007). Yet, for young, Black men in urban contexts, the threat of violence seemingly increased among larger circles of peers. Consequently, young men substituted expanded peer networks for safer, small circles of peers.

However, the agentic choice to narrow the peer network as a safety and survival strategy did not provide immunity from violence or traumatic loss. Young men still lost many peers (105) to community violence. These losses were huge blows to young men's already small circles. In these scenarios, young men's peer networks were further reduced by death, not their personal agency. Young men reported being devastated, heartbroken, and forever changed by the deaths of their peers, empirically demonstrating the critical significance of peer homicides in the lives of young, Black men. These findings demonstrated that relationships with male peers matter, and emotional and mental health resources should be offered to young, Black men following the homicide death of a peer.

Documenting the prevalence of peer survivorship also helps us to begin to understand critical implications for young men's transitions to adulthood. Overall, in the United States, the deaths of young people are considered to be developmentally *off-time* (Armour, 2003; Podell, 1989). Therefore, at the same time that young men are developmentally challenged to construct identity, they are being challenged to bury and grieve their same-aged, same-raced peers. Young men are challenged to figure out what it means to be young, Black, and male in the context of a disappearing cohort of young, Black males. These experiences of traumatic loss contribute to an accelerated life course,

often producing a pile-up of developmental tasks as young men approached the transition to adulthood. Developmentally, young, Black male homicide survivors are confronted with the same tasks as adults in later life—saying goodbye to a dying cohort. For the majority of participants in this study, this created experiences of enduring trauma and grief that often produced untreated mental health consequences for young men across the life course, creating disadvantages and deficits in psychological resources impacting their transitions to adulthood (Settersten, 2007).

In addition to impacting young men's social and psychological capacities as they approached and worked to successfully transition to adulthood (Settersten, 2007), young men's narratives also suggested peer homicide as a critical contributor to disconnection from social relationships, intuitions, and youth development programs. The traumatic loss of a peer to violence often created widespread disruption in the lives of the young, Black men in this sample. In an effort to sidestep reminders of loss and trauma in the built environment (e.g. neighborhood sections or blocks where homicides occurred), young men often roped psychological tape around these spaces and avoided them for indefinite periods of time. When key social institutions like GED programs, health clinics, employment settings, criminal justice, or social service offices are housed within these regions, disconnection may occur as young men worked to psychologically work to protect themselves through avoidance. This can further perpetuate disadvantage for young, Black men and can create further consequences for them if criminal justice offices (e.g. probation offices) are contained within these avoided spaces. Consequently, the traumatic loss of peer homicide is a multidimensional threat to the transition to adulthood for young, Black, male homicide survivors.

For young men who are able to navigate the physical spaces where loss and trauma reminders exist, the retriggering of trauma and grief may be psychologically injurious for young men. The resulting psychological distress can spill over into their behaviors and interactions within these key social institutions (e.g. academic performance, disruptive or “problem behavior”) and create challenges for consistent engagement or successful completion of programmatic or employment tasks/assignments. However, a lack of systems and staff training in trauma-informed approaches, practices, and policies paired with historical perceptions of young, Black men’s behaviors as deviant can prevent the recognition of young men’s behaviors as contextual presentations of trauma versus simply “bad” behavior requiring a punitive response.

This study provided key insights into contextual presentations and implications of traumatic stress symptoms among young, Black men, generally, and young, Black, male homicide survivors, specifically. Foreshortened futures and contemplations of mortality were dominant in men’s narratives. Across interviews, young men universally held a belief that they may not live beyond 21-25 years. This has critical implications for young men’s decision-making as they transition to adulthood. For some young men, peer death offered the opportunity for generativity and redemption. For others, the trauma contributed to “rampages” or intentional reckless behavior that threatened their safety even further. For yet others, the hurt of losing a peer to violence left them seeking justice, which often involved the desire or pursuit of violent retaliation. In some instances, this desire was acute, and waned as time grew from the initial learning of peer homicide. In other instances, ruminations and attempts at revenge were enduring and paralleled the enduring trauma, grief, and emotional pain of traumatic loss and peer homicide.

Study findings further provided insights into how community context contributed to young men's traumatic stress symptoms and the accumulation of trauma over time. Young men's neighborhoods presented chronic threats of interpersonal and institutional violence (e.g. police and criminal justice system). Their narratives demonstrated that for survivors of peer homicide in low-income, urban contexts there really is no definitive "post" to traumatic stress (Hertz et al, 2005). Rather, traumatic stress in the lives of these young, Black men is persistent. In toxic environments (Garbarino, 1995) where violence is a constant threat to physical and psychological safety and mortality, exposure to traumatic events was constant for young men in the sample. As it relates to the specific traumas of peer homicide and traumatic loss, trauma and loss reminders in the physical and social environment can constantly trigger arousal, avoidance, and re-experiencing symptoms for young men. Consequently, traditional psychological and psychiatric diagnostic criteria for posttraumatic stress disorder outlined in the DSM inadequately capture the complexity and chronic nature of trauma and traumatic stress in the lives of young, Black men exposed to violence and traumatic loss in low-income urban settings.

**Methodological strengths for research with young, Black men.** This study offers important insights for work with low-income, young, Black men. Research communities often refer to Black and low-income young men as a "hard to study" population (Berger & Langton, 2011; Coley, 2001). Consequently, their experiences are often excluded from research. This study challenges that notion through in-depth interviews. It emphasized the critical importance building relationship with participants prior to interviewing. Black communities in the U.S. have a healthy cultural suspicion of researchers and mental health practitioners that is grounded in historical injustice (Boyd-

Franklin, 2003). When researchers demonstrate themselves as trustworthy through their willingness to go where young men are, make contributions to field sites and invest time in the field, and when they take time to connect and build genuine relationship with young men prior to asking them to disclose serious life experiences in a research interview, rich data can be the product.

Grounded in young men's voices, this study offers the research community entry into the emotional and psychological experiences of young, Black men following the traumatic deaths of their peers to community violence. By using qualitative methods, empirical insights into the complexity of trauma, loss, exposure to violence, and homicide survivorship were gleamed. Research findings further uncovered nuance in young men's responses to the traumatic loss of peer homicide. Young men were deeply affected by the homicides of their peers, demonstrating both the importance of young men's relationships with their *small circles* and of researching peer bereavement among this group. Qualitative methods also provided tools and positioned considerations of the context, process, and constructed meaning of trauma loss as empirical priorities within this study. In this study most young men expressed their thanks at the end of the interview for the experience and the space they were given to share openly about their experiences of trauma and loss without interruption or perceived psychoanalysis.

### **Theoretical Contributions**

The framework for homicide survivorship is a major contribution to our theoretical understandings of the experience of peer survivorship for young, Black men in urban contexts. This framework integrates theories of grief (Worden, 2002), existing considerations of posttraumatic stress symptomology (APA, 2000; Briere & Scott, 2005),

masculinity (Anderson, 1999; Connell & Messerschmidt, 2005; Kivel, 2006) and research on meaning making in the lives of homicide survivors (Armour, 2003), and situated them within urban contextual considerations, namely chronic threats to safety and mortality. The four dimensions of this framework (e.g. grief, vulnerability, coping, and recovery) and their related processes illuminated the complexity of homicide survivorship for young, Black men, who are often without many supports or resources to navigate this complex experience of bereavement.

The flexibility of this framework allows for future theorizing about the multiple experiences of peer homicide young men survived across the life course. Given the prevalence of peer homicide in this sample, young men were constantly looping through the dimensions of grief and recovery, frequently evaluating and re-evaluating their vulnerabilities and their resources for coping. However, the frequency of the homicide deaths in their networks often made grief and recovery luxuries (Balk & Corr, 2009). Young men had little “time” or “space” to grieve as deaths happened back to back or within a few years of one another. The grief literature suggests that bereavement, absent of trauma, can take six months to two years of recovery time (Shear, 2012). When trauma is involved, it can take even longer. The low-income, young, Black men in this sample did not get the luxury of having these quieted periods of recovery. They were constantly buffeted by new experiences of peer death. If not peer death, than neighborhood violence that reminded young men of its ability to kill them or other loved ones.

The young men in this study also lacked spaces to grieve, as the built environment itself became loss and trauma reminders. The spatial location of homicides in the community created a landscape of loss where city corners became mausoleums.

Traumatic stress triggers linked to the built environment made navigation of neighborhoods psychologically injurious. Many young men described avoiding blocks or city sections where a peer was murdered as a strategy to sidestep trauma and avoid confronting grief. As discussed, this can lead to disconnection from key systems (e.g. education and work) that all too often are not aware of young men's experiences of trauma and loss.

### **Implications for Practice, Programming, and Policy**

The findings of this study on traumatic loss and peer homicide among young, Black, male homicide survivors in low-income, urban contexts offer important implications for clinical practice, community programming and intervention/prevention, and policy. Zinzow et al. (2009) described peer homicide as public health burden as it can contribute to longstanding mental and behavioral health consequences (e.g. PTSD and substance use) for survivors. The findings of this study confirmed Zinzow et al.'s (2009) earlier work and demonstrated the disparate burden of traumatic loss for this sample of young, Black men. Despite young men's multiple experiences of traumatic loss, accumulations of trauma, and exposures to violence across the life course, young men's experiences largely went undisclosed and often were first shared in the context of the research interview experience. Given young men's frequent movement within and across systems including social services, education, and criminal justice, the fact that trauma and traumatic loss remained undisclosed for young men is problematic and emphasizes the critical importance of trauma-informed systems of care.

It is critical that our institutional systems become trauma-informed. Young men's narratives spoke most directly to systems of law enforcement and education. Young men



who are trauma exposed are more likely to interface with the criminal justice system (Rich et al, 2009). Police practices that perpetrate physical and psychological violence only perpetuate experiences of trauma. Therefore, law enforcement should take steps to become trauma-informed so that police officers are equipped to be agents of healing and rehabilitation, not harm. Following the homicide of a young man in low-income contexts, violent retaliation becomes a real concern that police are challenged to mitigate. Police should partner with local community and faith-based organizations providing trauma, grief, and mental health services in order to refer survivors to treatment services that could help promote healing and prevent further violence.

In addition, young men clearly articulated connections between their exposures to trauma, peer homicide, and substance use. Young men's efforts to avoid and mask the pain of traumatic loss and peer homicide through marijuana use and alcohol consumption both jeopardize education and employment opportunities and place them at risk for further interaction with the criminal justice system. Many programs, particularly job readiness programs offer substance use cessation programs. However, this study demonstrated that the effectiveness of these programs are contingent upon the examination of cumulative experiences of trauma exposure and grief. Instead of simply offering cessation and anger management programs in an effort to promote educational and employment success, job readiness and GED programming should also offer and promote trauma and grief psychoeducational support groups to their participating young men.

The policies of both the educational and the criminal justice system must also consider trauma theory (e.g. hurt people hurt people), particularly when working with juvenile offenders or adjudicated youth. Instead of operating under the assumption of

inherent blame (e.g. “What is wrong with you?”; Bloom, 1999) and purely punishing young men for presentations of problem behavior, these systems should consider context and histories traumatic exposure by asking “What’s happened to you?” (Bloom, 1999). Trauma and grief informed mental health services should be a standard component of justice work with young, Black men serving the ultimate goal of rehabilitation and healing, not simply punishment. Formal and alternative educational settings should also include mental health services or partner with local non-profits offering culturally competent, trauma-informed mental health and grief counseling for its participants. Both would be long-term investments in the health and productivity of young, Black men, the well-being of communities, and the health of this nation.

Clinicians, researchers, and policy makers should acknowledge the prevalence of violence and trauma in the everyday experiences of young, Black men. Clinicians and programmers working to improve the mental and emotional health and well-being of low-income, young, Black men should explicitly assess for experiences of traumatic loss. Mental health practitioners should take the lead initiating conversations about homicide and traumatic loss, but demonstrate a balanced approach by pulling back and allow young men space to discuss their experiences, free of judgment. Young men expressed the importance of being respected and listened to when sharing their stories of loss and trauma. Therefore, it is important that clinicians create safe spaces where young men feel heard, respected, and that their traumatic experiences are acknowledged and validated as real and as important. This will help to provide young men with safe spaces and people with whom they may feel emotionally and psychologically safe with to process traumatic loss.

If a clinician or community programmer becomes aware of a peer death among program participants, supports should be put in place to help youth process the loss. As young men are part of a network of peers surviving the homicide of a peer, program staff should also assess whether other program participants are grieving this loss and offer services. When traumatic stress symptoms (e.g. cognitive avoidance) are identified in the context of treatment, clinicians should incorporate a contextual understanding of young men's presentations of traumatic stress symptoms and daily survival strategies, and skillfully work to help young men expand their range of coping strategies instead of working to simply correct or replace traumatic responses. In this way, clinicians will demonstrate an effort to understand the resources and strategies young men create and utilize to create safety in their daily lives.

Similarly, clinicians and community programmers must be careful not to label emotionally numb young, Black men as cold or lacking remorse (e.g. sick or bad)—rather these young men have been injured as a result of trauma and may be experiencing traumatic stress symptoms (Rich et al., 2009). A trauma-focused approach to service delivery (Bloom, 2009; Rich et al., 2009) would allow programmers and clinicians to better understand how peer homicide and traumatic losses shapes the lives and daily behaviors of the young men they serve.

Young, Black men may carry unresolved grief from these interpersonal losses into their transitions to adulthood and across their life courses. This unresolved grief could precipitate the development of a host of mental health consequences including anxiety, depression, and complicated or maladaptive grief, and a decrease in the quality of both intimate and social relationships that may delay successful transitions to adulthood—

educationally, vocationally, and relationally (Real, 1997; Settersten, 2007; Williams, 2008). Therefore, clinicians, researchers, programmers, and policy makers should work to design prevention and intervention strategies to support healthy, safe, and successful transitions to adulthood for young, Black men in urban contexts.

Funding should be allocated for the creation of comprehensive, coordinated, trauma-informed systems of care for young, Black men in urban areas. As discussed, young men's experiences and exposures to violence and trauma in low-income urban areas are comparable to warzones abroad. Similar to the Veteran Affairs (VA) system, young, Black men need a coordinated response to treatment and services. This marshaling of resources should match the intensity of trauma and violence that they experience on a daily basis, simply as a function of their residence in low-income, urban contexts. Policy makers should create funding mechanisms for continued research to understand the implications of life course exposures to violence, trauma, and traumatic loss among young, Black men. In much the same way, this research should expand ongoing efforts to understand connections between place and health and must consider the impact of violence and traumatic loss in the lives of young, Black men.

### **Limitations of the Study**

This study provides key insights into the everyday experiences of trauma (e.g. chronic exposure to violence; police harassment and perpetration) as well as the specific traumatic experience of peer homicide for this sample of young, Black, male homicide survivors in Baltimore, City. Despite this study's innovative contributions, there still remain limitations.

Although I spent nearly 1.5 years in the field conducting research interviews that ranged from 1.5 – 4 hours, facilitating the weekly loss and grief group, and talking with young men individually and collectively about their experiences of loss, specifically, and the everyday happenings of their lives generally, the formal research interviews were only singular events. Consequently, they only capture a snapshot in time of young men's grief recovery processes. The range across participants' with regard to time since last death helped provide variation within the narratives of young men's recovery processes, with some young men still in the acute stages of grief and others in or moving toward integrating the reality of the loss into their daily lives. However, how this progression unfolded over time for each individual participant remains unclear.

While generalizability was not the goal of this project and is not a goal of qualitative research, Guba's model suggests that qualitative findings should contain enough description of the processes examined so that the findings are transferable (Krefting, 1999). Conducting multiple interviews with each participant over the course of their grief journeys would provide even more detail with which to offer "thick description" (Krefting, 1999). In much the same way scheduling longer participant interviews could lead to even more nuanced insights about young men's experiences as homicide survivors. In particular this could further illuminate the diversity within a single case. As reported, the majority of participants survived multiple experiences of peer homicide. The two hours dedicated for the research interview often limited the interview discussions to peer homicides that were rated the highest with regard to intensity of impact. However, the accumulation of peer homicides is significant and should be

appropriated time within the interview for discussion. Longer and/or multiple interviews with young men over time could strengthen this research.

Despite the time constraints, this study did provide rich descriptions of young men's experiences of violence, accumulations of trauma, and traumatic loss. Conversations with colleagues providing community-based services to young men in Oakland, CA, Philadelphia, PA, and Chicago, IL, suggest that young men's narratives in this study have a similar texture to the experiences of traumatic loss and grief among low-income, young Black men across these urban settings. Therefore, this study's findings demonstrate transferability that should be examined in future multi-city research.

This study was limited to the experiences of young men ages 18 – 24 as I wanted to understand implications of homicide survivorship for young men's transitions to adulthood. However, as the chronologies of loss indicated, the majority of homicide deaths survived by participants happened between the years 13 -17 of age. A smaller but significant group of participants experienced their first peer homicide during the school-aged years (ages 6 -12). Participant reports of these experiences were limited to their retrospective narratives. While participant narratives were compared with chronologies of loss and triangulated with local news reports or homicide records (when available), future work should consider prospective and longitudinal studies to capture young men's experiences as homicide survivors over time. Future research should also examine multi-level experiences of survivorship using network and community level analyses.

### **Areas for Future Research and Future Directions**

The results of this study offer many areas for future research and future directions. Given the prevalence of peer death among young, Black men, ongoing research is needed

to further explore how low-income, young, Black men recover from the death of a peer. Research should further explore the experience of peer death and homicide survivorship among a larger sample of young, Black men with specific attention paid to the cumulative impact of multiple traumatic losses. Each of the young men in this subsample experienced at least one traumatic loss of a close peer. However, more common were multiple experiences of traumatic loss. Previous research on homicide survivorship has examined this phenomenon as a singular experience; meaning, sampled homicide survivors only experienced or reported data on one experience of loss. However, by assessing for and deliberately questioning young men about experiences of loss across the life course, this study uncovered multiplicities of both trauma and loss.

A clear next step in this regard is taking the chronologies of loss data and mapping them to look for patterns, turning points and trajectories indicative of key mental, behavioral, emotional changes in the lives of young, Black men. These trajectories could then be mapped onto the framework of homicide survivorship to look for young men's movement across the dimensions of survivorship. This study's findings demonstrated traumatic loss as an important turning point and window for intervention. Future research examining these trajectories could be particularly useful in designing intervention and prevention programs to reduce violence and promote the mental, physical, behavioral, and relational health of young, Black men and support successful transitions to adulthood. Specifically, improvements in educational and employment outcomes could be demonstrated through investment in violence, trauma, and grief interventions that promote healing and recovery in the lives of young, Black men and homicide survivors.

Study findings also indicated the linking of lives that happened as result of singular incidences of violence perpetrated by strangers, police officers, or known community members. In my future research, I will use network analysis and Geographic Information Systems with the goal of layering homicide survivor network data onto maps in order to identify place (where) and timing (when) effects of homicide. Building on my strengths in systems-thinking, ethnographic methods, and engaging young Black men in research, I will also conduct rigorous qualitative interviews with identified survivors in order to better understand the contexts, processes, and meaning young men, family, and community members construct about neighborhood homicide. In this regard, I will begin to examine the multilevel systems effects of survivorship.

Lastly, young men's narratives revealed the constant psychological work young men exert daily in their effort to construct safety through hypervigilance and remaining *on point*. Previous research indicates the adverse consequences of chronic stress for the biological manifestations of allostatic load (Adler & Rehkopf, 2008); however, the physiological implications of traumatic loss and hypervigilance in young, Black men have yet to be explored. I plan to extend this research by engaging in interdisciplinary research that examines the physiologic/biologic pathways through which violence, trauma, and traumatic grief may shape physical health outcomes (e.g. cardiovascular disease). In this way, this research on traumatic loss and violence may help to further reduce persistent physical health disparities challenging Black men.

## **Conclusion**

This research uncovered the multidimensional nature of homicide survivorship for low-income young, Black men in Baltimore. It worked to disentangle the complexity of



violence, trauma, loss, and grief that are packed into this experience for young, Black, male survivors. Most importantly, it gave voice to the stories and experiences of low-income, young Black men that are often silenced by community protocol (e.g. no snitching), ignored by institutions of power and privilege, and left out of empirical research. While this study is just a first step towards describing the breadth of this experience for young men, it presented key findings that have stretched our understandings of trauma, violence, loss, and the contexts that shape these experiences in the lives of young, Black men. The qualitative methods used and the findings presented help us to recognize a fuller range of young, Black men's lived experiences connected to violence, trauma, and loss that push researchers, clinicians, programmers, and policy makers beyond assumptions about who young Black men are and how they live their lives. Future research, policy, and practice must continue to partner with young, Black men to take on the challenge of understanding the complexities of violence, trauma, and loss in order to facilitate health and healing across the life course for young, Black men.

## Appendix A

### IRB Approval



1204 Marie Mount Hall  
College Park, MD 20742-5125  
TEL 301.405.4212  
FAX 301.314.1475  
irb@umd.edu  
www.umresearch.umd.edu/IRB

DATE: March 14, 2013

TO: Jocelyn Smith  
FROM: University of Maryland College Park (UMCP) IRB

PROJECT TITLE: [436479-1] Violence, Loss, and the Transition to Adulthood for Young Black Men

REFERENCE #: 12-0049

SUBMISSION TYPE: Continuing Review/Progress Report

ACTION: APPROVED

APPROVAL DATE: March 14, 2013

EXPIRATION DATE: March 27, 2014

REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 8

Thank you for your submission of Continuing Review/Progress Report materials for this project. The University of Maryland College Park (UMCP) IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

**Note from the IRB Chair:** Please remember that any changes to the IRB-approved protocol MUST be approved by the IRB prior to their implementation in the study.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure which are found on the IRBNet Forms and Templates Page.

All UNANTICIPATED PROBLEMS involving risks to subjects or others (UPIRSOs) and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

This project has been determined to be a Minimal Risk project. Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of March 27, 2014.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the IRB Office at 301-405-4212 or [irb@umd.edu](mailto:irb@umd.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Maryland College Park (UMCP) IRB's records.

## Appendix B

### Certificate of Confidentiality

#### CERTIFICATE OF CONFIDENTIALITY

CC-MH-12-92

issued to

University of Maryland, College Park

conducting research known as

**Violence, Loss, and the Transition to Adulthood for Young Black Men**

In accordance with the provisions of section 301(d) of the Public Health Service Act 42 U.S.C. 241(d), this Certificate is issued in response to the request of the Principal Investigator, Dr. Kevin Roy, to protect the privacy of research subjects by withholding their identities from all persons not connected with this research. Dr. Roy is primarily responsible for the conduct of this research.

Under the authority vested in the Secretary of Health and Human Services by section 301(d), all persons who:

1. are enrolled in, employed by, or associated with the University of Maryland, College Park and their contractors or cooperating agencies and
2. have in the course of their employment or association access to information that would identify individuals who are the subjects of the research pertaining to the project known as Violence, Loss, and the Transition to Adulthood for Young Black Men

are hereby authorized to protect the privacy of the individuals who are the subjects of that research by withholding their names and other identifying characteristics from all persons not connected with the conduct of that research.

This multiple methods behavioral research study examines how the mental, behavioral, and relational health consequences of losing a peer to community violence shape the transition to adulthood for young, Black men in low-income communities.

A Certificate of Confidentiality is needed because sensitive information will be collected during the course of the study. The certificate will help researchers avoid involuntary disclosure that could expose subjects or their families to adverse economic, legal, psychological and social consequences.

All subjects will be assigned a code number and identifying information and records will be kept in locked files at the Institution.

This research is currently underway and is expected to end on 12/31/2014.

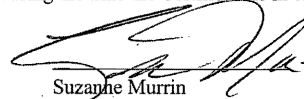
As provided in section 301 (d) of the Public Health Service Act 42 U.S.C. 241(d):

'Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings to identify such individuals.'

This Certificate does not protect you from being compelled to make disclosures that: (1) have been consented to in writing by the research subject or the subject's legally authorized representative; (2) are required by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.) or regulations issued under that Act; or (3) have been requested from a research project funded by the National Institutes of Health (NIH) or the Department of Health and Human Services (DHHS) by authorized representatives of those agencies for the purpose of audit or program review.

This Certificate does not represent an endorsement of the research project by the DHHS. This Certificate is now in effect and will expire on 12/31/2014. The protection afforded by this Confidentiality Certificate is permanent with respect to subjects who participate in the research during the time the Certificate is in effect.

Date: 5/29/2012



Suzanne Murrin

Executive Officer

National Institute of Mental Health

## Appendix C

### Informed Consent Form

<b>Project Title</b>	<i>Violence, Loss, and the Transition to Adulthood for Young Black Men</i>
<b>Purpose of the Study</b>	<i>This research is being conducted by Kevin Roy, PhD at the University of Maryland, College Park. We are inviting you to participate in this research project because you are a Black, male student at YO! over the age of 18, who has experienced a loss. The purpose of this research project is to learn more about violence and loss among young, Black men.</i>
<b>Procedures</b>	<p><i>I will ask you to allow me to access mental health surveys that you have already completed on the computer during the orientation process, and allow me to keep that information with your interview information. I will read aloud an additional brief survey to you and record your responses. Next, I will conduct an in-depth interview that will take about 90 minutes. During the interview I will ask you questions orally about life as a young Black male, about violence in your community, and about your experiences of loss. The interviews will take place in a private area within the YO! Center, and will be audio-recorded. When the interview is complete, you will receive \$20 as payment for your time and your travel expenses.</i></p> <p><i>This research project involves taking photographs of you. The photographs will be stored by Dr. Roy and will be used in presentations of the study interviews for academic audiences.</i></p> <p><input type="checkbox"/> <i>You agree to be photographed during your participation in this study.</i></p> <p><input type="checkbox"/> <i>You do not agree to be photographed during your participation in this study.</i></p>
<b>Potential Risks and Discomforts</b>	<i>There may be some risks from participating in this research study. You may find that the questions are too personal or make you uncomfortable. You do not have to answer any question that makes you feel uncomfortable. You may find that thinking about the interview questions or talking about your feelings upsets you. You are welcome to speak with a YO! clinician at the end of the interview to further discuss any issues that may have upset you or that you want to explore further. If, during the interview, you talk about hurting yourself or thinking about harming yourself, you will be referred to a YO! therapist for an assessment within one hour of the interview. If you consent to have your photograph taken, your picture may be used in presentations of the study for academic audiences. It is possible that your picture may be recognized among the audience. A pseudonym will be attached to your picture and your picture will not be paired with your interview in an effort to protect your identity during presentations.</i>

<p><b>Potential Benefits</b></p>	<p><i>This research is not designed to help you personally, but it is our hope that the results of the project will further our understanding of future participants in similar community programs or with a similar demographic background, and that results may help the investigator learn more about violence, loss, and the transition to adulthood for young, Black men. However, you may appreciate the interview process itself, the opportunity to voice your personal experiences, and the opportunity for structured self-reflection.</i></p>
<p><b>Confidentiality</b></p>	<p><i>Any potential loss of confidentiality will be minimized by storing data in a locked office and a password protected computer. After I have obtained your mental health survey, matching ID numbers will be assigned to the participants and identifying information will be removed from your mental health survey and your interview. The master sheet for ID numbers will be kept in a password protected computer file. All data, including the digital interview recordings from the study and digital photographs will be kept on a password-protected computer, with access only to the primary researcher, student researcher, and the student research assistants. The research assistants who will have access to the interview data files are student researchers assisting with transcription throughout the study. The interviews will be transcribed by the interviewer as soon as possible after the interview. The transcriptions will contain no identifying information of the interviewee. The digital audio files will be deleted at the end of the project.</i></p> <p><i>If you talk about harming yourself or having thoughts of suicide during the interview, you will be referred to a YO! clinician for further conversation. The therapist may talk to you about a plan that includes getting you to a hospital for your own safety. If you decline to speak to that therapist, and it is the opinion of the interviewer that you intend to harm yourself, that will be reported to the staff at the YO! Center and a decision may be made that includes hospitalization for your own safety.</i></p> <p><i>If we write a report or article about this research project, your identity will be protected to the maximum extent possible. Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger.</i></p> <p><b>Certificate of Confidentiality:</b></p> <p><i>We will do everything we can to keep others from learning about your participation in this research. To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS).</i></p> <p><i>With this Certificate, we, the researchers can refuse to disclose information (for example by court order or subpoena) that may identify you in any federal, state, local, civil, criminal, legislative, administrative, or other proceedings. Disclosure will be necessary, however, upon request of DHHS for the purpose of audit or evaluation.</i></p>

	<p><i>You should understand that a Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about yourself, or your involvement in this research. If an insurer or employer learns about your participation, and obtains your consent to receive research information, then we may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy.</i></p> <p><i>Finally, you should understand that the researchers are not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others. We will in all cases, take the necessary action, including reporting to authorities, to prevent serious harm to yourself, children, or others. The Certificate of Confidentiality will not be used to prevent disclosure to local authorities of child abuse and neglect, or harm to self or others. For example, in the case of child abuse or neglect.</i></p> <p><i>A Certificate of Confidentiality does not represent an endorsement of the research study by the Department of Health and Human Services or the National Institutes of Health.</i></p>
<p><b>Right to Withdraw and Questions</b></p>	<p><i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i></p> <p><i>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator, Kevin Roy, PhD, at 1142T School of Public Health Building, College Park, MD, 20742, (301)405-6348, <a href="mailto:kroy@umd.edu">kroy@umd.edu</a>.</i></p>
<p><b>Participant Rights</b></p>	<p><i>If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:</i></p> <p style="text-align: center;"><b>University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: <a href="mailto:irb@umd.edu">irb@umd.edu</a> Telephone: 301-405-0678</b></p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>
<p><b>Statement of Consent</b></p>	<p><i>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.</i></p> <p><i>If you agree to participate, please sign your name below.</i></p>

<b>Signature and Date</b>	<b>NAME OF SUBJECT [Please Print]</b>	
	<b>SIGNATURE OF SUBJECT</b>	
	<b>DATE</b>	



## Appendix D

### Feelings Chart



## Appendix E

### Discussion Guide Week 1: Loss & Grief

<b>Objective:</b>	<ul style="list-style-type: none"> <li>• Students will get an introduction to loss &amp; grief (definitions/types/manifestations)</li> <li>• Students will be able to identify personal losses</li> <li>• Students will gain awareness of personal grief responses/manifestations/expressions</li> <li>• Students will learn self-care and grounding techniques</li> <li>• Students will be connected to YO! resources to process grief &amp; loss</li> </ul>
<b>Goal:</b>	<ul style="list-style-type: none"> <li>• Part I: Psychoeducation about Loss               <ul style="list-style-type: none"> <li>○ What is loss?</li> <li>○ Types of loss: Concrete (death) &amp; Ambiguous (incarceration, parental absence, job loss, romantic breakup, etc)</li> </ul> </li> <li>• Part II: Psychoeducation about Grief               <ul style="list-style-type: none"> <li>○ What is grief?</li> <li>○ What are our grief responses? How is grief manifested/experienced? (Emotionally, Mentally, Behaviorally, Physically, Socially, Spiritually)</li> </ul> </li> <li>• Part III: Breakout Discussion Groups               <ul style="list-style-type: none"> <li>○ What types of loss can you identify in the song?</li> <li>○ What manifestations of grief can you identify through the artists lyrics?</li> </ul> </li> <li>• Part IV: Self-Care Training               <ul style="list-style-type: none"> <li>○ Grounding → Deep breathing → Progressive muscle relaxation → Guided imagery?</li> </ul> </li> </ul>
<b>Materials:</b>	<ul style="list-style-type: none"> <li>• Cookies, fruit, and juice</li> <li>• Music: This Can't Be Life by Jay Z feat. Beanie Sigel, Scarface</li> </ul>
<b>Procedure:</b>	<ul style="list-style-type: none"> <li>• Introduction               <ul style="list-style-type: none"> <li>○ Introduce group's theme "We Cry Together" &amp; topics covered during group</li> <li>○ Set ground rules for session (e.g. rules from class time (one mic, etc); group confidentiality; self-monitoring; communicate need for support/break; respect)</li> <li>○ Introduce "Check Yourself" worksheet for self-monitoring</li> <li>○ Ask: What is loss? What comes to mind? Different types?                   <ul style="list-style-type: none"> <li>▪ Staff will get student insights about loss</li> <li>▪ Staff will provide psychoeducation about loss</li> </ul> </li> <li>○ Ask: What is grief? What does it look like? How is it experienced?                   <ul style="list-style-type: none"> <li>▪ Emotionally, Mentally, Behaviorally, Physically, Spiritually, Socially</li> </ul> </li> </ul> </li> <li>• Breakout groups (<i>class will be divided into 3-4 groups. Facilitators will use the small groups to process the song, discuss types of loss and manifestations of grief identified in the lyric</i>). Note: May be done as a class if we are short on time.               <ul style="list-style-type: none"> <li>○ Play: This Can't Be Life by Jay Z feat. Beanie Sigel, Scarface                   <ul style="list-style-type: none"> <li>▪ Students will identify types of loss experienced by artists in the song</li> <li>▪ Students will identify manifestations of grief expressed by artists</li> </ul> </li> </ul> </li> <li>• Share Out               <ul style="list-style-type: none"> <li>○ Students will share out about types of loss/manifestations of grief</li> <li>○ <i>What types of loss did you identify in verse 1, 2, 3; What manifestations/ expressions of grief did you discover? What types of grief responses? How could you tell this might be happening for Jay Z or Beans or Scarface?</i></li> </ul> </li> <li>• Self-Care Training (may have to teach some today and some next week)               <ul style="list-style-type: none"> <li>○ Teaching grounding techniques &amp; explain their importance</li> <li>○ Teach deep breathing &amp; explain its significance</li> <li>○ Teach progressive relaxation &amp; explain its purpose</li> <li>○ Teach guided imagery &amp; explain its usefulness</li> </ul> </li> <li>• Conclusions</li> <li>• Staff will remind students of available grief/loss resources YO! Next Session...               <ul style="list-style-type: none"> <li>○ Next week we will be discussing process of grief &amp; continue with self-care</li> <li>○ Announce upcoming opportunities for young men to do interviews. See me.</li> </ul> </li> </ul>

## Appendix F

### Participant Index

Participant Pseudonym (N = 40)	Age (18 – 24)	Total Deaths (267)	Total Homicide Deaths (119)	Total Peer Homicide Deaths (105)	Age at First Homicide Death
Carl	20	10	2	1	13
Nasia	19	2	2	2	17
Andre	18	7	4	4	12
Andrew	22	6	3	3	20
Jesse	20	5	0	0	0
Luther	20	10	3	2	17
Gavin	21	5	3	3	17
Santana	20	5	3	3	11
Ramel	22	9	3	1	14
Antwon	18	6	4	4	18
John Doe	22	20	2	2	13
Howard	23	4	3	3	15
Celly	18	4	2	2	12
Shawn	23	3	2	1	11
J.R.	23	3	2	1	17
Reggie	22	4	2	2	22
Dennis	24	6	2	2	19
Ricky	20	16	10	8	12
Wayne	19	12	6	5	6
Mekhi	21	7	3	3	16
Jaysen	21	0	0	0	n/a
Rashawn	21	6	5	5	14
DeOnte	18	5	3	3	5
Samir	21	6	1	1	12
Marshall	18	1	1	1	18
Raphael	22	7	4	4	16
Matt	19	3	2	2	20
Redz	19	3	2	2	16
Adam	19	5	2	2	19
Tony	18	24	5	4	11
Myles	21	5	3	3	11
B.J.	21	11	1	0	18
Isaiah	19	2	2	2	15
Kenneth	18	8	5	5	18
Chris	18	5	2	2	4
Niko	18	6	4	4	15
Cassius	22	5	5	5	18

Jahad	22	10	5	4	14
Charles	18	2	0	0	0
Duane	22	9	6	4	10

## Appendix G

### Interview Protocol

Thank you for taking the time to talk with me. We're having this conversation today because you've experienced the death of a friend(s) as a result of violence in the community. I'd like to spend some time today getting to know you, your neighborhood, and your experience(s) of loss connected with community violence. Most importantly, I would like to better understand what losing a friend to violence means to you, how this loss has impacted your life, and how you're dealing with this loss. I will ask you periodically if you would like to pause for a break during the interview. If you are feeling like you need a break before I offer one, please let me know.

#### **Joining & Background Information**

Tell me a little bit about yourself.

Age?

Attending school?

If not, what was your last school experience?

Do you have future educational plans? If so, what are you planning?

Working?

If not, what was your last work experience?

Do you have plans for work? If so what are you planning?

What do you do for fun/with your free time?

Hobbies/Interest?

Tell me about your friends

What do you do with your friends for fun?

Who do you live with?

How long have you lived there with them?

Are there any other places where you stay?

#### **Neighborhood Context**

Tell me about the neighborhood where you live now.

How long have you lived in your current neighborhood?

How would you describe the conditions of your neighborhood?

Neighbors

Navigating neighborhood blocks

Places you hang out?

Places you go frequently?

Places you avoid? (Violence hot spots?)

How do you get from place to place? (walk, bike, drive, public transportation, etc)

Has community violence impacted your ability to go to school/work? If so, how?

Safety

Do you feel safe in your neighborhood?  
What helps you to feel safe in your neighborhood?  
Things you do to feel safe?  
Things others do to help you feel safe?

### **Exposure to Violence**

Tell me about the violence in your community.

What is the violence like in your neighborhood?

Frequency?

Intensity?

Have you directly witnessed violence in your neighborhood? How often?

Can you remember the first time you witnessed violence in your neighborhood?

If yes, please describe this experience to me.

What was going on in your mind when this was happening/what

were you thinking to yourself?

What were you feeling? What emotions were running through you?

What was going on inside of your body?

How did it end? What did you do after it ended?

In what ways did this experience affect the way you viewed your neighborhood? Others? Life? The world?

When was the most recent time you witnessed violence in your neighborhood? Please describe this experience to me.

Have you directly experienced violence in your neighborhood? How often?

Can you remember the first time you experienced violence in your neighborhood?

If yes, please describe this experience to me.

Describe the circumstance leading up to the violence. Did you feel pressured to engage in violence?

**Probe:** Thoughts, feelings, physiological reactions (what was going on inside of your body? Ex: heart beating faster, etc.)

What did you do while it was happening?

How did it end?

What did you do after it ended? Consequences?

In what ways did this experience affect the way you viewed your neighborhood? Others? Life? The World?

When was the most recent time you directly experienced violence in your neighborhood? Please describe this experience to me.

Has violence in your neighborhood ever gotten in the way of you doing what you wanted to do? If so, how?

## OFFER 5-MINUTE BREAK

### **Peer Death: Experiences of Loss**

You're participating in this interview because violence is responsible for the death of at least one of your peers. In order to begin to talk about these experiences, I'd like to do an exercise with you.

### ***Chronology of Loss:***

We're going to construct a timeline of your life. The beginning of the line will represent your birth and the end of the line will represent the present. Using the tools here (pens, pencils, colored pencils, markers), please mark the years across your life where you experienced the death of a peer, relative or loved one. Please write their name and their relationship to you (ex: Willie, close friend). After you've done this, please circle the deaths that were a result of violence. Please rate the current effect of loss on your life on a scale from 1-10. The beginning of the line starts at (0) and represents "no current effect". The end of the line ends at (10) and represents "major current effect".

There are 2-3 losses on your chronology I'd like for us to focus on for the remainder of the interview: (1) the very first peer death you experienced in your life as result of community violence; (2) the most recent death of one of your peers as a result of homicide; and (3) the peer homicide that has impacted you the most. Depending on how many losses you've experienced, the losses may represent the same death or different deaths.

### **Peer Death**

I'd like to now talk about your experience(s) with peer death(s). Please tell me about the first death of one of your peers as a result of neighborhood violence.

### **Relationship**

Who died? How old were you when this happened? How old was your friend?

Describe your friend to me. What was he/she like?

What was your relationship like with this person?

How much time did you spend with this person?

Tell me about some of the things you used to do with this person?

### **Circumstances of Death**

How did he/she die? Can you describe the circumstances surrounding his/her death?

Were you with your friend when he/she died?

Before your friend was killed, did you ever think your friend might die from violence in the neighborhood?

Did you ever think you might die from violence in your neighborhood? Did that perspective change after your friend was killed?

### **Reactions to the Death**

How did you find out about the death? Who told you and how did they act/what did they say?

How did you first react to the news of your friend's death?

How did you know what or what not to feel, say, do, or think? How did your reactions change over time? Days, weeks, months, years?

How did you feel physically after your friend's death?

What physical changes did you notice after your friend died?

Were you given permission to grieve? What did you do with your grief?

How did you express your grief around others? How did you grieve in private?

How did your guy friends react? How did your friends who are girls react?

How did their grief affect you?

Are there different rules or expectations about how young Black guys & girls are allowed to express their grief?

How did your friend's family react to the death?

How did their grief affect you?

What rituals, ceremonies, or services were held to honor your friend?

Which did you participate in? How did you decide which to participate in and which ones to sit out? Were you welcomed to participate in all rituals?

Were there things you did on your own to honor your friend? Things your friends did?

**Probe:** Facebook, social media, artwork, t-shirts, etc.

### Effects of the Death

How did this loss impact you during that time?

Behavior, health (mental/physical), school, work, social relationships, neighborhood perception?

Did you think about your own death?

How often do you think about your friend and his/her death?

Do you miss your friend? In what ways?

What is it like to keep living life when your friend has died?

What did you rate the current impact of this loss?

How does this loss currently impact you?

Behavior, health (mental/physical), school, work, relationships with family & friends?

How has it changed over time?

Behavior, health (mental/physical), school, work, social relationships neighborhood perception?

### Meaning

What did your friend's death mean to you at the time?

What did you lose when your friend died?

Are there new things you've realized over time that were taken away from you when your friend died? (ex: experiences, etc.).

How do you think your friend's death has shaped the way you view your: neighborhood, safety, mortality, future?

In what ways has your friend's death shaped your relationships with other people?

Neighbors, peers, family, romantic relationships?

What does your friend's death mean to you now?

Looking back, you've experienced several deaths. How do you think these losses have impacted you and shaped the person you are today?



### **Recovery from the Loss**

What supports or comfort did you have to help you recover from the loss?

What helped bring you comfort after the death of your peer?

What did you do/tell yourself that brought you comfort?

Most/least helpful?

Talk to others? Professional or structured support (ex: groups)?

Did adults offer to talk with you about the loss?

What people say/do that was most/least helpful?

How did the support offered to you from others change over time?

Do you think other young Black men in your community are struggling to deal with the death of peers to homicide?

What resources are available to support young Black men in your community to help them process their grief and cope with loss?

What helps them to access and use these resources?

What gets in the way/keeps them from using these resources?

Looking back, what supports or resources would have most helped you when you lost your friend?

What suggestions would you make to help support other grieving young Black men?

What recommendations would you give to adults or professionals to help them support young Black men who are grieving?

### **Debriefing and Resources**

Thank you so much for taking the time to talk with me. We talked about a lot of really sensitive information today and I want to check-in with you to see how you're doing? It is normal to feel tired or overwhelmed after such a personal conversation. What can you do to take care of yourself tonight and in the days to come? Who can you talk to and gain support from? Offer resources: Myself, The Center's Mental Health Personnel, Local Resources. Thank You!!!

## Appendix H

Baltimore City Health Department Baltimore Neighborhood Map



## References

- Alexander, J., Eyerman, R., Giesen, B., Smelser, N., & Sztompka, P. (2001). *Cultural trauma theory and applications*. Berkeley, CA: University of California Press.
- American Psychological Association. (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR (4<sup>th</sup> ed)*. Washington, D.C: American Psychological Association.
- Ames, A., Evans, M., Fox, L., Milam, A., Petteway, R., Rutledge, R. (2011, December). Neighborhood health profile: Midway/Coldstream. *Baltimore City Health Department*. Retrieved from <http://www.baltimorehealth.org/dataresearch.html>.
- Amick-McMullan, A. Kilpatrick, D. G. & Resnick, H. S. (1991). Homicide as a risk factor for PTSD among surviving family members. *Behaviour Modification*, 15(4), 545-560.
- Ammons, L. (1997). 1991, The consequences of violence in the African American community in 1991. *The Western Journal of Black Studies*, 21(3), 199-203.
- Anderson, E. (1999). *Code of the streets: Decency, violence, and the moral life of the inner city*. New York: W. W. Norton & Company, Inc.
- Armour, M. (2003). Meaning making in the aftermath of homicide. *Death Studies*, 27, 519-541. doi:10.1080/07481180390208928
- Arnett, J. J. (2003). Conceptions of the transition to adulthood among emerging adults in American ethnic groups. *New directions for child and adolescent development*, (100), 63-75. doi:10.1002/cd.75
- Arnett, J. (2004). *Emerging adulthood: The winding road through the late teens and twenties*. New York: Oxford University Press.

- Axinn, W. G., & Pearce, L. D. (2006). *Mixed method data collection strategies*. New York: Cambridge University Press.
- Balk, D. E., & Corr, C. A. (Eds.). (2009). *Adolescent encounters with death, bereavement, and coping*. New York: Springer.
- Bell, C. C., & Jenkins, E. J. (1991). Traumatic stress and children. *Journal of HealthCare for the Poor and Underserved, 2*, 175-185.
- Beckett, A. K. (2000). *Surviving a violence trajectory: An African American perspective*. Retrieved from ProQuest Digital Dissertations.
- Bell, C. C. & Jenkins, E. J. (1991). Children and traumatic stress. *Journal of Health Care for the Poor and Underserved, 2*, 175-185.
- Berger, L. M., & Langton, C. (2011). Young Disadvantaged Men as Fathers. *The Annals of the American Academy of Political and Social Science, 635*(1), 56–75.  
doi:10.1177/0002716210393648
- Bengtson, V., & Allen, K. (1993). The life course perspective applied to families over time. In P.
- Boss, W. Doherty, R. LaRossa, W. Schumm, & S. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 469-499). New York: Plenum.
- Boyce, C. A., Willis, T. D., & Beatty, L. (2012). A call to action for health disparities in boys and men: Innovative research on addiction, trauma, and related comorbidities. *American Journal of Public Health, pp. S168-S170*.
- Bloom, S. L. (1999). Trauma theory abbreviated. Retrieved from <http://sanctuaryweb.com/publications.php>.

- Blumstein, A., & Wallman, J. (2006). *The crime drop in America*. New York: Cambridge University Press.
- Bordere, T. (2008). "To look at death another way": Black teenage males' perspectives on second-line and regular funerals in New Orleans. *OMEGA—Journal of Death and Dying*, 58(3), 213-232.
- Boyd-Franklin, N. (2003). *Black families in therapy: Understanding the African American experience*. New York: Guilford Publications, Inc.
- Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.
- Briere, J., & Spinazzola, J. (2005). Phenomenology and psychological assessment of complex posttraumatic states. *Journal of traumatic stress*, 18(5), 401-12.  
doi:10.1002/jts.20048
- Buka, S. L., Stichick, T. L., Birdthistle, I., & Felton, S. M. (2001). Youth exposure to violence: Prevalence, risks, and consequences. *American Journal of Orthopsychiatry*, 71, 298-310.
- Burton, L. (2007). Childhood adultification in economically disadvantaged families: A conceptual model. *Family Relations*, 56(4), 329-345.
- Bureau of Justice Statistics. (2010). Homicide trends in the United States. Retrieved from <http://bjs.ojp.usdoj.gov/content/homicide/homtrnd.cfm>.
- Burke, L. a., Neimeyer, R. a., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD, and depression. *OMEGA--Journal of Death and Dying*, 61(1), 1-24.  
doi:10.2190/OM.61.1.a

- Calhoun, L. G., & Tedeschi, R. G. (2001). Posttraumatic growth: The positive lessons of loss. In R. A. Neimeyer, (Ed.), *Meaning reconstruction & the experience of loss* (pp. 157-172). Washington, D. C: American Psychological Association.
- Carter-Pokras, O., & Banquet C. (2002). What is a "health disparity"? *Public Health Reports, 117*, 426-434.
- Centers for Disease Control and Prevention. (2008). A timeline of violence as a public health Issue. Retrieved from <http://www.cdc.gov/ViolencePrevention/overview/timeline.html>.
- Centers for Disease Control and Prevention. (2010). Youth violence: Facts at a glance. Retrieved on (December 3, 2010) from <http://www.cdc.gov/violenceprevention/pdf/YV-DataSheet-a.pdf>.
- Centers for Disease Control and Prevention. (2011). Factsheet—CDC Health disparities and inequalities report—U.S., 2011. Retrieved on August 1, 2011 from [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage.
- Coley, R. L. (2001). (In)visible men: Emerging research on low-income, unmarried, and minority fathers. *American Psychologist, 56*(9), 743–753. doi:10.1037//0003-066X.56.9.743
- Corr, C. A., Nabe, C., & Corr, D. M. (2008). *Death and dying, life and living*. Belmont, CA: Wadsworth.
- Chen, W. Y. (2009). Adolescents' internalizing behaviors after extreme violence exposure: A comparison of race and gender for African American and Asian

- American youth. *Families in Society: The Journal of Contemporary Social Services*, 90(2), 145-152. DOI: 10.1606/1044-3894.3870
- Clarke, J. W. (1996). Black-on-Black violence. *Society*, 33(5), 46-50.  
doi:10.1007/BF02693114
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, 19(6), 829-859. 19(6), 829-859.  
doi:10.1177/0891243205278639
- Cooley-Strickland, M., Quille, T. J., Griffin, R. S., Stuart, E. A., Bradshaw, C. P., & Furr-  
Holden, D. (2009). Community violence and youth: Affect, behavior, substance  
use, and academics. *Clinical Child Family and Psychology Review*, 12, 127-156.
- Courtois, C. a. (2004). Complex trauma, complex reactions: Assessment and treatment.  
*Psychotherapy: Theory, Research, Practice, Training*, 41(4), 412-425.  
doi:10.1037/0033-3204.41.4.412
- Daly, K. (2007). *Qualitative methods for family studies and human development*.  
Thousand Oaks, CA: Sage.
- Davis, C. G. (2001). The tormented and the transformed: Understanding responses to loss  
and trauma. In R. A. Neimeyer, (Ed.), *Meaning reconstruction & the experience  
of loss* (pp. 137-156). Washington, D. C: American Psychological Association.
- Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and  
benefiting from the experience: Two construals of meaning. *Journal of  
personality and social psychology*, 75(2), 561-74. Retrieved from  
<http://www.ncbi.nlm.nih.gov/pubmed/9731325>

- Denzin, N. (2002). The interpretive process. In A. Huberman and M. Miles, (Eds.), *The qualitative researcher's companion*. Thousand Oaks, CA: Sage.
- Doka, K. J. (2008). Disenfranchised grief in historical and cultural perspective. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 223-240). Washington, D.C., American Psychological Association.
- Doka, K. J., & Maritn, T. (2001). Take it like a man: Masculine response to loss. In D. A. Lund (Ed.), *Men coping with grief* (pp. 37-48). New York: Baywood Publishing Company, Inc.
- Dubrow, N. F., & Garbarino, J. (1989). Living in the war zone: Mothers and young children in a public housing development. *Journal of Child Welfare*, 68, 3 - 20.
- Eitle, D., D'Alessio, S.J., & Stolzenberg, L. (2006). Economic segregation, race, and homicide. *Social Science Quarterly*, 87, 638-657.
- Elder, G. H., & Giele, J. Z. (Eds.). (2009). *The craft of life course research*. New York: The Guildford Press.
- Eyerman, R. (2001). *Cultural trauma: slavery and the formation of African American identity*. New York: Cambridge University Press.
- Emerson, R., Fretz, R., & Shaw, L. (1997). *Coding and memoing*. In *Writing ethnographic field notes* (pp. 142-168). Chicago: University of Chicago Press.
- Farrey, T. (2006, January 18). 'Snitching' controversy goes way beyond Melo. Retrieved from [http://sports.espn.go.com/nba/columns/story?columnist=farrey\\_tom&id=2296590](http://sports.espn.go.com/nba/columns/story?columnist=farrey_tom&id=2296590)



- Federal Bureau of Investigations (2011). Uniform crime reports: Justifiable homicide 2007-2011. Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011/tables/expanded-homicide-data-table-14>
- Feinstein, A., & Dolan, R. (1991). Predictors of post-traumatic stress disorder following physical trauma: an examination of the stressor criterion. *Psychological Medicine*, *21*, 85-91.
- Felitti, V. J. (2002). The relationship of adverse childhood experiences to adult health: Turning gold into lead. *Zeitschrift für Psychosomatische Medizin und Psychotherapie* *48*, 359-69. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12407494>
- Fenton, J., & Calvert, S. (2009, July 28). 18 shootings stem largely from drug feud, police say: Two fatally shot, 16 wounded in shootings on day of mayhem on Baltimore's east side. *The Baltimore Sun*. Retrieved from <http://www.baltimoresun.com/news/maryland/baltimore-city/baltimore-ci.violence28jul28,0,6786209.story>.
- Fitzpatrick, K. M. (1993). Exposure to violence and presence of depression among low-income, African American youth. *Journal of Consulting and Clinical Psychology*, *61*(3), 528-531.
- Franklin, J. H., & Moss, A. A. (2000). *From slavery to freedom: A history of African Americans*. New York, NY: McGraw-Hill.
- Furstenberg, F. F. (2010). On a new schedule: transitions to adulthood and family change. *Center for the Future of Children*, *20*(1), 67-87. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20364622>

- Galik, L. (2012, January). America's 10 deadliest cities, 2012. Retrieved from <http://www.policymic.com/articles/22686/america-s-10-deadliest-cities-2012>
- Garbarino, J. (1995). *Raising children in a socially toxic environment*. San Francisco: Jossey-Bass.
- Garbarino, J. (1999). *Lost boys: Why our sons turn violent and how we can save them*. New York: Anchor Books.
- Gibbs, J. W. (Ed). (1988). *Young, Black, and male in America: An endangered species*. Westport, CT: Auburn House Publishing Company.
- Giele, J., & Elder, G. H. (1998). Life course research: Development of a field. In J. Giele & G.H. Elder (Eds.), *Methods of life course research: Qualitative and quantitative approaches* (pp. 5-27). Thousand Oaks, CA: Sage.
- Goldsmith, B., Morrison, R. S., Vanderwerker, L. C., & Prigerson, H. G. (2008). Elevated rates of prolonged grief disorder in African Americans. *Death studies*, 32(4), 352-65. doi:10.1080/07481180801929012
- Gomat, E. (2011). Loss and grief: Grief across the lifespan. Presentation given at the Wendt Center on Loss and Healing. Washington, D. C.
- Guerra, N. G., & Williams, J. K. (2008). Social cognitive programs for violence. In C. & J. L. Edleson (Eds.) *Encyclopedia of Interpersonal Violence*. Thousand Oaks, CA: Sage.
- Hall, R., & Pizarro, J. (2011). Cool pose: Homicide and the social implications of manhood. *Journal of Social Service Research*, 37, 86-98.
- Hertz, M. F., Prothrow-Stith, D., & Chery, C. (2005). Homicide survivors: research and practice implications. *American Journal of Preventive Medicine*, 29, 288-295.

- Hines, P. M. (1991). Death and African American culture. In Walsh, F., & McGoldrick, M.(Eds.) *Living beyond loss* (pp. 186-191). New York: W. W. Norton & Company.
- Horne, C. (2003). Families of homicide victims: Service utilization patterns of extra- and intrafamilial homicide survivors. *Journal of Family Violence, 18*(2), 75-82.
- Hunter, A. G., Friend, C. A., Murphy, S. Y., Rollins, A., Williams-Wheeler, M., & Laughing house, J. (2006). Loss , survival, and redemption: African American male youth's reflections on life without fathers, manhood, and coming of age. *Youth and Society, 37*(4), 423-452.
- Hooyman, N. R., & Kramer, B. J. (2006). *Living through loss: Interventions across the lifespan*. New York: Columbia University Press.
- Jenkins, E., Wang, E., & Turner, L. (2009). Traumatic events involving friends and family members in a sample of African American early adolescents. *American Journal of Orthopsychiatry, 79*(3), 398-406. doi:10.1037/a0016659.
- Johnson, C. M. (2007). When African American teen girls' friends are murdered : A qualitative study of bereavement, *Families in Society, 91*(4), 364-370. doi:10.1606/1044-3894.4042
- Johnson, H. (2009). Vulnerable youth and transition to adulthood: Youth from distressed neighborhoods. The Urban Institute. Retrieved from [http://www.urban.org/uploadedpdf/411948\\_distressed\\_neighborhoods.pdf](http://www.urban.org/uploadedpdf/411948_distressed_neighborhoods.pdf)
- Johnson, W. E. (2010). From shortys to old heads: Contemporary social trajectories of African American males across the life course. In W. E. Johnson (Ed.). *Social work with African American males*. New York: Oxford University Press.

- Jones, N. (2010). *Between good and ghetto: African American girls and inner-city violence*. New Jersey: Rutgers's University Press.
- Kaiser Family Foundation. (2006). Race, ethnicity, and healthcare fact sheet: Young African American men in the United States. Retrieved February 4, 2010 from <http://www.kff.org/minorityhealth/upload/7541.pdf>.
- Kefalas, M., Carr, P., & Clampet-Lundquist, S. (2011, May 17). Rules for snitching. *The Root*. Retrieved from <http://www.theroot.com/views/my-turn-rules-snitching>.
- Kent, A. (2009). Vulnerable youth and transition to adulthood: Youth from low-income families. The Urban Institute. Retrieved from <http://aspe.hhs.gov/hsp/09/vulnerableyouth/index.shtml>.
- Kivel, P. (2006). Boys will be men: Guiding your sons from boyhood to manhood. Retrieved from [www.paulkivel.com](http://www.paulkivel.com).
- Konkol, M. (2013, January 8). Police Supt. McCarthy wants celebrities to help 'redefine snitching.' *DNAinfo Chicago*.
- Krefting, L. (1999). Rigor in qualitative research: The assessment of trustworthiness. In A.K. Milinki (Ed.), *Cases in Qualitative Research* (pp. 173- 181). Los Angeles, CA: Pyrczak Publishers.
- Kübler-Ross, E. (1969). *On Death and Dying*. New York: Macmillan Publishing, Co.
- Kübler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York: Scribner.
- Kuehn, D. & McDaniel, M. (2009). Vulnerable youth and the transition to adulthood: Low-income African American youth. The Urban Institute. Retrieved from <http://aspe.hhs.gov/hsp/09/vulnerableyouth/index.shtml>

- LaRossa, R. (2005). Grounded theory methods and qualitative family research. *Journal of Marriage and Family*, 67, 837-857.
- LaVeist, T. A. (2005). *Minority populations and health: An introduction to health disparities in the United States*. San Francisco, CA: Jossey-Bass.
- Lambert, S. F., Ialongo, N. S., Boyd, R. C., & Cooley, M. R. (2005). Risk factors for community violence exposure in adolescence. *American Journal of Community Psychology*, 36(1/2), 29-48. doi: 10.1007/s10464-005-6231-8
- Lambert, S. F., Nylund-Gibson, K., Copeland-Linder, N., & Ialongo, N. S. (2010). Patterns of community violence exposure during adolescence. *American journal of community psychology*, 46(3-4), 289-302. doi:10.1007/s10464-010-9344-7
- Laurie, A., & Neimeyer, R. a. (2008, January 1). African Americans in bereavement: Grief as a function of ethnicity. *OMEGA--Journal of Death and Dying*, pp. 173-193. doi:10.2190/OM.57.2.d
- Leming, M. R., & Dickinson, G. E. (2011). *Understanding death, dying, and bereavement*. California: Wadsworth.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage.
- Lund, D. A. (Ed.) (2001). *Men coping with grief*. New York: Baywood Publishing Company, Inc.
- McCarthy, J. R. (2007). "They all look as if they're coping, but I'm not": The relational powerlessness of "youth" in responding to experiences of bereavement. *Journal of Youth Studies*, 10(3), 285-303. doi:10.1080/13676260701262574

- McCarthy, J. R. (2009). Young people making meaning in response to death and bereavement. In D. E. Balk & C. A. Corr (Eds.), *Adolescent encounters with death, bereavement, and coping* (pp. 21-54). New York: Springer.
- McDevitt-Murphy, M. E., Neimeyer, R. A., Burke, L. A., Williams, J. L., & Lawson, K. (2011, August). The toll of traumatic loss in African Americans bereaved by homicide. *Psychological Trauma: Theory, Research, Practice, and Policy*. Washington, D. C. American Psychological Association. doi:10.1037/a0024911
- McGee, Z. (2000). Patterns of violent behavior and victimization among African American Youth. *Journal of Offender Rehabilitation, 30*(1), 47-64.  
doi:10.1300/J076v30n01\_03
- Malone, P. A. (2007). The impact of peer death on adolescent girls: A task-oriented group intervention. *Journal of Social Work in End-of-Life & Palliative Care, 3*(3), 23-37.
- Majors, R., & Billson, J. M. (1992). *Cool pose: The dilemmas of Black manhood in America*. New York: Lexington Books.
- Mejía, X. E. (2005). Gender matters: Working with adult male survivors of trauma. *Childhood: A Global Journal Of Child Research, 83*, 29-41.
- Mercer, D., & Evans, J. (2006). The impact of multiple losses on the grieving process: An exploratory study. *Journal of Loss and Trauma, 11*(3), 219-227.  
doi:10.1080/15325020500494178
- Miller, L. (2009a). Family survivors of homicide: I. Symptoms, syndromes, and reaction patterns. *The American Journal of Family Therapy, 37*(1), 67-79.  
doi:10.1080/01926180801960625

- Miller, L. (2009b). Family survivors of homicide: II. Practical therapeutic strategies. *The American Journal of Family Therapy*, 37(2), 85-98.  
doi:10.1080/01926180801960633
- Morin, S. M., & Welsh, L. A. (1996). Adolescents' perceptions and experiences of death and grieving. *Adolescence*, 31(123), 585-595.
- Morris, E., & Fellow, H. P. (n.d.). Youth violence: Implications for Post Traumatic Stress Disorder in youth. New York: National Urban League Policy Institute. Retrieved from <http://www.policyarchive.org/handle/10207/bitstreams/17613.pdf>
- Nader, K. O., & Layne, C. M. (2009). Maladaptive grieving in children and adolescents: Discovering developmentally-linked difference in the manifestation of Grief. *Traumatic Stress Points, ISTSS*, 23(5), 13-16.
- National Library of Medicine. (2012, February 11). Selective mutism. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002513/>.
- Neimeyer, R. A. (Ed.) (2001). *Meaning reconstruction & the experience of loss*. Washington, D.C: American Psychological Association.
- Nickens, H. (1986). Legislative forum report of the secretary's task force on Black and minority health: A summary and presentation of health data with regard to Blacks. *October*, 78(6), 577-580.
- Noppe, I. C., & Noppe, L. D. (1997). Evolving meanings of death during early, middle, and later adolescence. *Death Studies*, 21(3), 253-275.
- Office of Minority Health. (2010). Commission on the impact of trauma and violence on the health of African American men. Retrieved from <http://minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=9&ID=8381>.

- Ortiz, V., Richards, M., Kohl, K., & Zaddach, C. (2008). Trauma symptoms among urban African American young adolescents-a study of daily experience. *Journal of Adolescent Trauma, 1*, 135-152.
- O'Flaherty, B., & Sethi, R. (2010). Homicide in Black and White. *Journal of Urban Economics, 68*(3), 215-230. Elsevier Inc. doi:10.1016/j.jue.2010.06.001
- Pager, D. (2005). Walking the talk: What employers say versus what they do. *American Sociological Review, 70*(3), 355-380.
- Pager, D., Western, B., & Bonikowski, B. (2009). Discrimination in a low wage labor market: A field experiment. *American Sociological Review, 74*(October), 777-799.
- Parkes, C. M. (1996). *Bereavement: Studies of grief in adult life*. Philadelphia: Routledge.
- Parson, Erwin A., (1994). Inner City Children Of Trauma: Urban Violence Traumatic Stress Response Syndrome (U-VTS) and Therapists' Responses. In J.P. Wilson & J.D. Lindy (Eds.). *Countertransference in the Treatment of PTSD* (pp 157-178). New York: Guilford Publications, Inc.
- Pearson-Nelson, B. (2008). *Understanding homicide trends: The social context of a homicide epidemic*. New York: LFB Scholarly Publishing LLC
- Podell, C. (1989). Adolescent mourning: The sudden death of a peer. *Clinical Social Work, 17*(1), 64-78.
- Prigerson, H. G., Vanderwerker, L. C., & Maciejewski, P. K. (2008). A case for inclusion of prolonged grief disorder in DSM-V. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research and practice: Advances*



- in theory and intervention (pp. 165-186). Washington, D.C: American Psychological Association.
- Quisenberry, C. E. (2009). Murder, mayhem, and mourning: A qualitative study of the experiences, reactions, and coping mechanisms of homicide survivors. Retrieved from ProQuest Digital Dissertations.
- Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Ransford, C. (2012). Violence as a disease and how it can be cured. Conference proceedings from the American Public Health Association Annual Meeting. San Francisco, CA.
- Rasmussen, A., Aber, M. S., & Bhana, A. (2004). Adolescent coping and neighborhood violence: Perceptions, exposure, and urban youths' efforts to deal with danger. *American Journal of Community Psychology, 33*, 61-75.
- Real, T. (1997). *I don't want to talk about it: Overcoming the secret legacy of male depression*. New York: Fireside.
- Redmond, L. M. (1989). *Surviving: When someone you know was murdered*. Clearwater, FL: Psychological Consultations and Educational Services Ltd.
- Rheingold, A., Smith, D., Ruggiero, K., Saunders, B., Kilpatrick, D., & Resnick, H. (2004). Loss, trauma exposure, and mental health in a representative sample of 12-17-year-old youth: Data from the national survey of adolescents. *Journal of Loss and Trauma, 9*(1), 1-19. doi:10.1080/15325020490255250
- Rich, J. A. (2009). *Wrong place, wrong time: Trauma and violence in the lives of African American men*. Baltimore: The Johns Hopkins University Press.

- Rich, J., Corbin, T., Bloom, S., Evans, S., & Wilson, A. (2009). Healing the hurt: Approaches to the health of boys and young men of color. The California Endowment Fund. Retrieved from <http://www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf>.
- Rich, J. A., & Grey, C. (2005). Pathways to recurrent trauma among young Black men: Traumatic stress, substance use, and the “code of the street.” *American Journal of Public Health, 95*(5), 816-824.
- Robin, G. D. (1963). Justifiable homicide by police officers. *Journal of Criminal Law and Criminology, 54*(2), 225-231.
- Roy, K. M., & Dyson, O. (2010). Making daddies into fathers: Community-based fatherhood programs and the construction of masculinities for low-income African American men. *American journal of community psychology, 45*(1-2), 139-54. doi:10.1007/s10464-009-9282-4
- Roy, K., Tubbs, C., & Burton, L. (2004). Don't have no time: Daily rhythms and organization of time for low-income families. *Family Relations, 52*, 168-178.
- Sandler, G. (1995, July 18). How the city's nickname came to be. *The Baltimore Sun*. Retrieved from [http://articles.baltimoresun.com/1995-07-18/news/1995199190\\_1\\_charm-city-bill-evans-loden](http://articles.baltimoresun.com/1995-07-18/news/1995199190_1_charm-city-bill-evans-loden).
- Sentementes, G. G. & Bykowicz, J. (2006, January 15). Questions raised for years about city 'flex squad.' *The Baltimore Sun*. Retrieved from [http://articles.baltimoresun.com/2006-01-15/news/0601150112\\_1\\_squad-flex-mengel](http://articles.baltimoresun.com/2006-01-15/news/0601150112_1_squad-flex-mengel).

- Servaty-Seib, H. L. (2009). Death of friend during adolescence. In D. E. Balk & C. A. Corr(Eds.), *Adolescent encounters with death, bereavement, and coping* (pp. 217-231). New York: Springer.
- Setterston, R. (2007). Passages to adulthood: Linking demographic change and human development. *European Journal of Population*, 23(3/4), 251-272.
- Settersten, R. a, & Ray, B. (2010). What's going on with young people today? The long and twisting path to adulthood. *Center for the Future of Children*, 20(1), 19-41.  
Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20364620>
- Schorn, D. (2009, February 11). Stop snitchin'. *CBS 60 Minutes*. Retrieved from [http://www.cbsnews.com/8301-18560\\_162-2704565.html](http://www.cbsnews.com/8301-18560_162-2704565.html).
- Sharpe, T. (2008). Sources of support for African-American family members of homicide victims. *Journal of Ethnic & Cultural Diversity in Social Work*, 17(2), 197-216.  
doi:10.1080/15313200801947231
- Shear, K. (2012). Recognizing and treating complicated grief. Proceedings from the International Traumatic Stress Studies Webinar training on Complicated Grief.
- Small, M. L. (2009). 'How many cases do I need?': On science and the logic of case selection infield-based research. *Ethnography*, 10(1), 5-38.  
doi:10.1177/1466138108099586
- Spano, R., Rivera, C., & Bolland, J. (2006). The impact of timing of exposure to violence on violent behavior in a high poverty sample of inner city African American youth. *Journal of Youth and Adolescence*, 35(5), 681-692. doi:10.1007/s10964-006-9080-3

- Substance Abuse and Mental Health Services Administration. (1996). *The relationship between family structure and adolescent abuse*. Rockville, MD: National Clearinghouse for Alcohol and Drug Information.
- The Baltimore Sun. (2013, April 17). Baltimore homicides. Retrieved from <http://data.baltimoresun.com/homicides/>.
- The National Child Traumatic Stress Network. (2011). Traumatic grief in military children. Retrieved from [http://www.nctsn.org/nctsn\\_assets/pdfs/Military\\_Grief\\_Families\\_final3.pdf](http://www.nctsn.org/nctsn_assets/pdfs/Military_Grief_Families_final3.pdf)
- Thompson, N. (2001). The ontology of masculinity—the roots of manhood. In D. A. Lund (Ed.), *Men coping with grief* (pp. 27-36). New York: Baywood Publishing Company, Inc.
- van den Hoonaard, W. (1997). Talking distance from the data and Constructing sensitizing concepts. In *Working with sensitizing concepts: Analytical field research*. Qualitative Research Methods Series 41. Thousand Oaks, CA: Sage.
- van der Kolk, B. A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of traumatic stress, 18*(5), 389-99. doi:10.1002/jts.20047
- Walsh, F., & McGoldrick, M. (Eds.) (1991). *Living beyond loss*. New York: W. W. Norton & Company.
- Walker, A. C. (2009). Adolescent bereavement and traumatic deaths. In D. E. Balk & C. A. Corr (Eds.), *Adolescent encounters with death, bereavement, and coping* (pp. 253-267). New York: Springer.

- Way, N. (1998) *Everyday courage: The lives and stories of urban teenagers*. New York: New York University Press.
- Weingarten, K. (2003). *Common shock: Witnessing violence every day: How we are harmed, how we can heal*. New York: Penguin Group, Inc.
- Worden, J. W. (2002). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.
- Zenere, F. (2009). Violent loss and urban children: Understanding the impact on grieving and development. *Comminqué: The Newspaper of the National Association of School Psychologists*, 38(2), 1-9.
- Zinzow, H. M., Rheingold, A. A., Hawkins, A. O., Saunders, B. E., & Kilpatrick, D. G. (2009). Losing a loved one to homicide: Prevalence and mental health correlates in a national sample of young adults. *Journal of Traumatic Stress*, 22(1), 20-27. doi:10.1002/jts.