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Public Policy and African American Victims of Inner-City Violence

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Walden University
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Abstract

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MPhil, Walden University, 2021

MHS, Lincoln University, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The effects of being victimized or being a witness to a violent traumatic event without the support of public institutions, such as criminal justice, social service agencies, and mental health care clinics has led to post-traumatic stress disorder (PTSD). The purpose of this study was to explore the barriers and success factors for victims of inner-city violence as it related to access to public administration institutions to address their victimization. Self-efficacy theory was used as the theoretical foundation, and the study's research question focused on victimization and access to public policy institutions. The study used a qualitative design with 10 telephone interviews with seven African American women and three African American men between the ages of 24 and 71, all residing in the city of Philadelphia. Participants' responses were coded, categorized, and separated into themes. The findings solidified the fact that victims of inner-city violence had negative experiences as they addressed their victimization with public institutions. This was due to broken criminal justice system, discrepancies in mental health care, and severe lack of trust with social service agencies for minorities. Sharing the study's findings and recommendations with individuals, families, churches, and public policy institutions can create positive social change.

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Dedication

This dissertation is dedicated to the millions of victims of inner-city violence who survived and to those who did not. I also dedicated this study to my best friend, my loving, caring and beautiful dear wife, Cynthia Benson.

Acknowledgments

It gives me great pleasure to acknowledge those who helped me reach this incredible point in my academic career. That included my committee chair, mentor, and coach Dr. Gregory Campbell, my Second Committee Member Dr. Mark Gordon and my URR representative Dr. Olivia Yu. A very special thanks goes out to Dr. Lydia Forsythe, Dr. Clarence Williamson, and especially Dr. Dana Thomas.

To my dear wife Cynthia, thank you for all your support and encouragement, not just during this journey but my entire adult life. Shout out to my children Michael Jr., Meshela and Marcus, my grandchildren Daziah, Michael, III, Steven Jr., Shamarr, and Maxwell thanks for being there for me when it really counted. Finally, I want to acknowledge my parents the late Robert Sr. and Agnes Benson, I know you are proud of me!

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Chapter 1: Introduction to the Study

Inner-city violence has traumatized an entire generation (Beard et al., 2019) due to being victimized or being a witness to a violent traumatic event without the support of public institutions, such as criminal justice, social service agencies, and mental health care clinics. This lack of support has led to post-traumatic stress disorder PTSD; (Banks, 2018), which some people develop after experiencing or witnessing a life-threatening event, such as combat, a natural disaster, car accidents, violent sexual assault, or murder (Department of Veterans Affairs, 2017). Violence had become so overwhelming in the United States that President Joe Biden issued Executive Order 14074 on May 25, 2022, to enhance public trust, stating, "Our criminal justice system must respect the dignity and rights of all persons and adhere to our fundamental obligation to ensure fair and impartial justice for all" (Federal Register, Vol.87, No. 104, p. 32945).

The results of this study can be used to inform victims, their families, social government agencies, and law enforcement agencies on how to address the needs of victims. The findings can also provide victims of inner-city violence with alternative ways of having access to criminal justice, social service, and mental health institutions. Chapter 1 presents the study's background and research problem, the problem statement, the purpose of the study, the research question, and the selected theoretical foundation. Chapter 1 also includes definitions of terms, the assumptions, the scope and delimitations, possible limitations of the study, and the study significance. A summary of the main points and a transition into Chapter 2 is also included.

Background of the Study

I conducted this general qualitative study that explored the barriers and success factors that victims of inner-city violence in Philadelphia experienced while addressing their victimization. The United States has experienced a continuing crisis of gun violence, and economically marginalized and racially segregated inner-city areas are among the most affected (Friedman et al., 2019). In Philadelphia, more than 200 children and teens had been victims amid the rising violence (Friedman et al., 2019). A public health intervention must be engaged with complex social factors to address this phenomenon (Friedman et al., 2019).

Empirical research has been conducted on the development of PTSD with military personnel and includes changes in mental health, new emerging trends, and outcomes of recent war personnel with effects of PTSD (Banks, 2018). However, the literature did not focus on victims of inner-city violence from a public policy administration perspective. This qualitative exploration needed to be conducted to address the gap in the literature. This study provides information on the needs of victims of inner-city violent crimes from a public policy perspective as well as ways of addressing public administration success and barriers as it related to criminal justice, social services, and mental health institutions.

Problem Statement

Victims, their families, and friends have experienced barriers to obtaining adequate criminal justice, social services, and mental health care from public administration institutions to address their victimization. Inner-city violence has become common in lower-income communities that have high rates of shootings and African

American victims (Banks, 2018). The families and the victims who experienced this type of trauma and or witnessed it are at high risk for PTSD (Griggs et al., 2019). Although there is literature on inner-city violence and PTSD, there is a gap in the research on whether victims who live in low-income areas and suffered losses had access to public institutions such as criminal justice, social services, and mental health care clinics to address their victimization. The population health impact of these events is likely under-appreciated by the public and policymakers (Beard, et al., 2019).

Purpose of the Study

The purpose of this general qualitative study was to explore the barriers and success factors for victims of inner-city violence as it related to access to public administration institutions in criminal justice, social service, and mental health care in Philadelphia. This study expanded the research conducted by researchers like Banks (2018), which described, compared, and explored whether there was a relationship between victims of urban violence and PTSD. This study brought attention to violence that frequently occurred in inner-cities, particularly Philadelphia, that often ends in death. This type of trauma can lead victims of inner-city violence, especially those without access to public administration institutions, to military type combat zone PTSD.

Research Question

What are the public policy barriers and success factors for victims of inner-city violence in Philadelphia?

Theoretical Foundation

Self-efficacy theory (Bandura, 1977) was used as framework, explained how individuals and groups interacted based on conflict (Banks, 2018). According to Bandura and Adams (1977), the major theoretical proposition of self-efficacy theory is focused on people's beliefs about their ability to produce designated levels of performance that exercise influences over events that effect their lives. Self-efficacy theory has increased the understanding of human accomplishments and well-being in many ways. The crux of self-efficacy theory is described in more detail in Chapter 2. Bandura (1977) self-efficacy theory related to this study approach and reach question because this theory describes the interaction between social class and victims of inner-city crime, such as political, economic, and social inequalities; extreme poverty; economic stagnation; poor government services; high unemployment; environmental degradation; and individual (economic) incentives (Bystrova & Gottschalk, 2015).

Nature of the Study

The nature of this study was a general qualitative design. Qualitative research involves exploring the phenomena in their natural environment, where data are collected through interviews and document analysis (Creswell, 2018). General qualitative research design is an inquiry process of understanding based on a distinct methodological tradition of inquiry that explored a social or human problem (Creswell, 2018). The qualitative design for this study expanded the quantitative methodology used by Banks (2018). Purposeful and snowballing sampling was used to recruit 10 African American victims of inner-city violence who were familiar with the phenomenon being investigated.

Interviews were conducted using a researcher-developed instrument. Data analysis was performed using thematic coding. Thematic coding is used to analyze data, by recording passages of text or images linked by a common theme or idea. This process allowed me to index the text into categories and establish a "framework of thematic ideas about it" (Gibbs 2007, p. 1).

Definitions

Criminal justice: "The system of law enforcement that is directly involved in apprehending, prosecuting, defending, sentencing, and punishing those who are suspected or convicted of criminal offences" (Inciardi, 1993, para 1).

Inner-city violence: "Interpreted in its sociological sense and as an interplay between stereotyped representations and the reality that 'dangerous classed' experience in their environment" (Body-Gendrot, 1995, para 1).

Mental health: "A person's condition with regard to their psychological and emotional well-being" (Brundtland, 2000, para 1).

Post-traumatic stress disorder (PTSD): A mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault (Department of Veterans Affairs, 2017).

Public policy: "Public policy is an institutionalized proposal to solve relevant and real-world problems, guided by a conception and implemented by programs as a course of action created and/or enacted, typically by a government or nonprofit organization, in response to social issues" (John, 2013, para 1).

Social services: "Social services are a range of public services intended to provide support and assistance towards particular groups, which commonly include the disadvantaged" (Le Grand, 2018, para 1).

Assumptions

One of the assumptions relative to my study (a qualitative exploration) is that I would find a different outcome after collecting data from a different geographical location than used by Banks (2018), who conducted a quantitative study. I assumed that the general qualitative design was best suited for this exploration. I also assumed that victims of inner-city violence in Philadelphia would voluntarily participate and share their experiences with public administration institutions relating to criminal justice, social services, and mental health care as they addressed their victimization. I assumed the participants would respond with candid and honest responses during the interview process. In addition, I assumed that the participants would understand the interview questions and provide honest and accurate answers without hesitation. It can also be assumed that the target population responses are that of a larger population throughout Philadelphia and the United States. Another assumption was that would Bandura and Adams's (1977) self-efficacy theory provided the appropriate lens to ground the study. The reasons why these assumptions were necessary because they were critical to the meaningfulness of this study.

Scope and Delimitations

The study's scope limited to African Americans living in Philadelphia for at least 5 years. This assured that the participants experienced the phenomenon of interest—the

public policy barriers and success factors for victims of inner-city violence in Philadelphia while addressing their victimization. The participants were advised to focus on their experiences with inner-city violence with alternative ways of having access to criminal justice, social service, and mental health institutions only. With data saturation, this study consisted of 10 African Americans living in Philadelphia; the minimum age of 18 and maximum age of 71 was used as a requirement for the participants. The scope and sample size are not representative of all African American experiences with inner-city violence. Only inner-city community members of a particular geographical area were selected to participate in the structured interview process. Another delimitation of this study was victims that are children under the age of 18 was excluded from the study. Grounded theory and critical race theory was related to the area of study; however, they were not used. The inability to find a conceptual basis for a set of instances limits logical generalizability (Lee & Baskerville, 2003). Therefore, the transferability of the research findings can be applied to other studies.

<div align="center">**Limitations**</div>

Several limitations related to this study design. Methodological weaknesses included an instrument fee associated with my data collection process. My design a qualitative inquiry presented so many possibilities that it made it difficult to select the appropriate qualitative approach. Interviewing was also difficult due to the COVID-19 pandemic. In addition, some participants had difficulty answering questions on this very sensitive issue. The possibility of biases influenced the study outcome and involved the target population. I ensured the target population was not a vulnerable population.

Getting information about this study to the intended target population who was well-informed of the phenomenon of interest was a challenge along with the participants answering the questions in an honest an accurate manner. Several reasonable measures were used to address these biases, limitations, challenges, and barriers while I explored public policies and victims of inner-city violence in Philadelphia.

Significance of the Study

This study is significant in addressing the barriers and success factors experienced by victims of inner-city violence that related to their access to public administration institutions as they addressed their victimization. In addition to inner-city violence, questionable policing practices also affected the victims. This study contributed to the discipline of public policy by sharing information that can be used by local law enforcement agencies, social service agencies, politicians, community church leaders, and families. Solutions were also discovered that address criminal justice, social service, and mental health care for victims of inner-city violent crimes. This study contributes to professional practices by addressing the body of knowledge that already existed as it related to the relationships between victims of inner-city violence, PTSD, and the public policy barriers and success factors for victims of inner-city violence in Philadelphia. This study contributes to positive social change by adding to the knowledge of what families that suffer from PTSD experiences. In addition, this study addressed public institutions relating to criminal justice, social services, and mental health care that addressed victimization.

Summary

The mental health aptitude of urban violence victims dealing with PTSD has become more complex and dynamic outside of military combat (Banks, 2018). Thus, this study was conducted to examine public policy barriers and success factors for victims of inner-city violence and PTSD. Chapter 1 introduced the background of the study. Chapter 2 is an introduction to the current literature related to the study topic. The literature search strategy is documented, and the theoretical foundation is explained. Chapter 3 covers the general qualitative design and an explanation of the design derived from the research problem. Chapter 3 also provides a description of the research procedure, the structured interview questions, data collection strategy, and data analysis.

Chapter 2: Literature Review

The purpose of this general qualitative study was to examine the barriers and success factors for victims of inner-city violence as it related to access to public administration institutions in criminal justice, social service, and mental health care institutions in Philadelphia. Current literature established that a relationship existed between victims of inner-city violence, PTSD, and adequate access to public administration institutions to assist with victims' victimization. Research also showed that lower-income communities have high rates of shootings and African American victims (Banks, 2018). The families and victims who experienced this type of trauma and or witnessed it are at high risk for PTSD (Griggs et al., 2019). PTSD is commonly associated with men and women who served in areas of combat zones in the United States military (Schlechter et al., 2021), but victims of inner-city violence may suffer from the same effects of combat-related events that causes PTSD. PTSD is thought to complicate pain management outcomes, which is consistent with the impact of other psychosocial factors in the biopsychosocial model of pain (Coleman et al., 2020).

Chapter 2 contains an analysis of empirical research on victims of inner-city violence, PTSD, and the understanding of the phenomenon that victims of violence faced as it related to and adequate access to public administration institutions to assist with their victimization in their daily lives. Chapter 2 describes the literature search strategy, the theoretical foundation, and relevant literature on key variables used in the context of this study the summary and conclusion.

Literature Search Strategy

The library databases and search engines used to gain access to literature relating to PTSD, victims of inner-city violence, public policy and solutions includes Walden University databases: ProQuest, Thoreau advanced search, Databases A-Z, Publications and Research by Subject, Google Scholar, document delivery services, and EBSCO. Key searches terms and combinations of search terms included *war combat zones*, *PTSD* and *war*, *PTSD* and *war resources*, *War combat zones*, *PTSD* and *family*, *Philadelphia violence*, *Philly inner-city*, *post-traumatic stress disorder* or *PTSD* or *posttraumatic*, *inner-city violence*, *gun violence*, *urban* or *city* or *cities*, *violence* or *aggression* or *hostility* or *aggressive behavior*, *African American* or *African American or Black*, or *stress disorders*. Other terms included *public policy* or *public policies*, *criminal justice* and *criminal justice reform black men*, *social service agencies*, *social service institutions*, *non-profit social service agencies*, *mental health care*, *mental health of victims*, and *mental health institutions*. The scope of the literature review ranged from 2016 to 2022. There was some seminal literature that was reviewed as well. In this study there was over 17,000 articles and approximately 6,000 was related to PTSD and the military, but few addressed if a relationship existed between victims of inner-city violence and PTSD and barriers and success of victims of inner-city violence and public administration institutions. See Figures 1 and 2 for concepts related to the literature review.

Figure 1

Theoretical Concepts that Inform the Literature Review
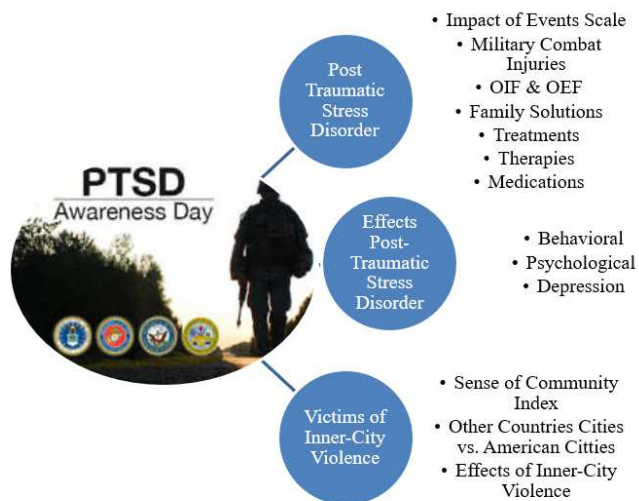
Figure 2

Theoretical Concepts that Inform the Literature Review
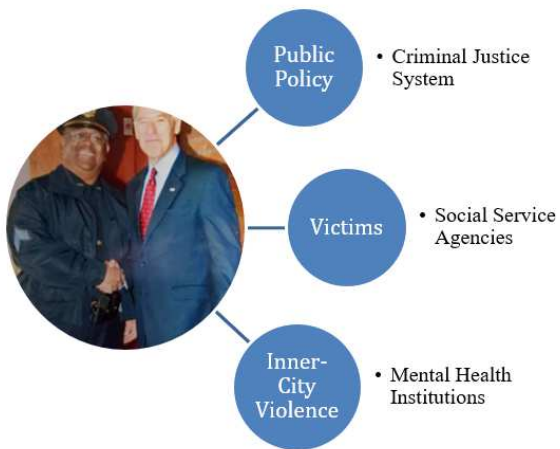
Note. President Joe Biden seen here with Officer Lawrence Benson issued an Executive

Order 14074 on May 25, 2022, Advancing Effective, Accountable Policing and Criminal

Justice Practices to Enhance Public Trust and Public Safety (Federal Register / Vol.87, No. 104).

Theoretical Foundation

Self-Efficacy Theory

The origin of self-efficacy theory is Bandura (1977). The crux of self-efficacy theory is that the initiation of and persistence of behaviors and courses of action was determined primarily by judgments and expectations concerning behavioral skills and capabilities and the likelihood of being able to successfully cope with environmental demands and challenges (Bandura, 1994). Self-efficacy theory also maintained that these same factors play an important role in psychological adjustment and dysfunction and is an effective therapeutic intervention for emotional and behavioral problems (Bandura & Adams, 1977). Self-efficacy is a person's belief that he or she can (or cannot) successfully organize and execute an action to achieve a desired outcome in a particular situation (Bandura et al., 2001). Individuals with a strong coping self-efficacy will persevere even when faced with the most difficult circumstances because they have learned how to cope with initial failure (Bandura et al., 2001). People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided (Bandura & Adams, 1977). Bandura (1994) also pointed out that there are four components that affect self-efficacy (see Figure 3).

1. Mastery of experiences: Successes build a robust belief in one's personal efficacy. Failures undermine it, especially if failures occur before a sense of efficacy is firmly established.

2. Social model experiences: Seeing people like oneself succeed by sustained effort raises observers' beliefs that they too possess the capabilities to master comparable activities required to succeed.

3. Social persuasion: People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise.

4. Stress reactions: It is not the sheer intensity of emotional and physical reactions that is important but rather how they are perceived and interpreted.

Figure 3

Theory Related to the Study
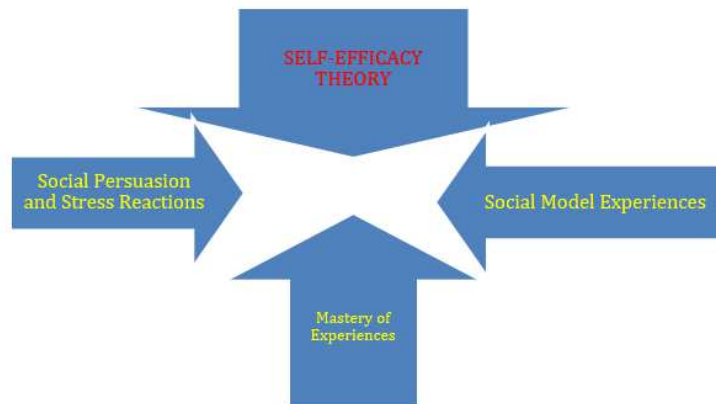
Other researchers have used self-efficacy theory to examine the effect of PTSD. Banks's (2018) quantitative study on the relationship between urban violence and PTSD used self-efficacy and social conflict theories. Self-efficacy theory helped address one's beliefs in their ability to cope with difficult situations and self-motivation (Bandura &

Adams, 1977). An example of this type of behavior is when a victim of inner-city violence had a high probability of developing PTSD.

The study's approach and research questions corresponded with the self-efficacy theory because it exemplified a huge range of a social phenomenon. These elements also include class, race, and religious conflicts (Obersehall, 1978). The rationale for using Bandura's (1977) self-efficacy theory is because it describes the interaction between social class and victims of inner-city crime, which are recurring themes in this study. Self-efficacy theory played a major role in this study because it identified capabilities of people with or without high assurance during situation specifics such as combat war and inner-city violence.

<div align="center">**Literature Review Related to Key Variables**</div>

Several studies were related to the constructs of the chosen methodology that was consistent with the scope of this study. An exploration of the relationship between PTSD and military combat personnel in previous literature was also consistent with the scope of this study. But I found there was a lack of clarity and several symptoms that defined PTSD in other researchers' approaches. According to Piotrowski and Range (2020) PTSD manifests following either direct or indirect exposure to actual or threatened death, serious injury, or sexual violence. Events such as natural disasters (earthquakes, mudslides, fires, floods, tsunamis, tornadoes), war, domestic violence, rape, violent crimes (murder), accidents, and medical procedures may trigger the development of PTSD (Annapureddy et al., 2020; Piotrowski & Range, 2020). Thus, there was a relationship between PTSD and violence but a lack of clarity on how to address

victimization. The reoccurrence of traumatic events, nightmares, flashbacks, depression, irritability, and hypervigilance all define PTSD (Sparks, 2018), which can lead to drug and alcohol abuse, suicidality, anger, and disrupted work and family relationships (Annapureddy et al., 2020).

Traumatic Events and Post-Traumatic Stress Disorder

Like others with PTSD, older adults respond to traumatic events with symptoms of re-experiencing, emotional numbing, behavioral avoidance, and increased physiological arousal (Christianson, 2022). Because of age-related changes and associated disease processes, stress reaction in older adults leads to a deterioration of function and a worsening of existing conditions, making them considered a high-risk group following a disaster or specific traumatic event (Christianson, 2022). Several factors affect adaptation to a traumatic event like a disaster in older adults: an increased sense of insecurity and vulnerability; a loss of sense of control and predictability; a need to reaffirm familiar relationships, attachments, and routines; and the need to remain independent. The impact of a disaster on the older adults is magnified by chronic illness and medication, sensory limitations, mobility impairment, and literacy that placed the older adult in the special need's population after a disaster. For all these reasons it is important to evaluate an older adult's response to a disaster to detect those who are in danger of decompensation (Christianson, 2022).

Effects of Post-Traumatic Stress Disorder

PTSD is a condition that affects many individuals, especially those who served in the military (Banneyer et al., 2017). Children are at risk for experiencing a variety of

negative biological, social, and psychological effects due to having a parent affected by PTSD (Banneyer et al.,). The development of PTSD involves biological changes in the individual's brain and brain chemistry, which affects their ability to manage feelings of stress (Banneyer et al.,). Stress triggers cognitive and affective responses that induce sympathetic nervous system and endocrine changes, ultimately impairing immune function (Banneyer et al.,). Physiological consequences to stress include changes in heart rate, blood pressure, and sweating.

There is significant research on PTSD and its effects (Banks, 2018) but minimal research on the various elements and symptoms outcomes. For example, for military personnel, PTSD is associated with increased risk for suicide ideation, suicide attempts, and death by suicide, with risk increasing as the severity of PTSD increases (Banks). However, limited empirical research exists on PTSD in the United States to support how behavioral, psychological, and depression effects PTSD (Banks).

Behavioral

When not treated to prevent high-risk behaviors, PTSD behavioral symptoms have negative consequences. Suicide and high-risk behavior have been in the military ranks for decades (Barr et al., 2018). Early and effective treatment to reduce PTSD and depression could reduce the risk of suicide in the military (Bryan et al.,).

Psychological

Psychological symptoms are vulnerabilities that interact with a traumatic experience to produce an emotional response characterized by hypervigilance, cognitive biases, and avoidance (Carleton et al., 2018). Chronic pain and sleep quality are some of

the main causes of the psychological issues military personnel had when diagnosed with

PTSD (Banks, 2018; Rice & Schroeder, 2019). Military operations are stressful,

unexpected, urgent, predisposing soldiers to insufficient and poor-quality sleep (Wang et

al., 2020). Studies have shown that poor sleep is associated with psychological distress,

including anxiety and depression (Rice & Schroeder 2019), and poor sleep is associated

with a 60 % greater likelihood of subsequent PTSD development (DeViva et al., 2021).

Little research has examined implicit cognition in individuals with PTSD (Moore

et al., 2022). However, research has indicated that a substantial amount of cognitive

processing occurs outside of an individual's conscious awareness, though the exact

amount that occurred is unknown (Garrison, & Handley, 2017). Despite the indeterminate

nature of implicit cognition, in some cases, the assessment of implicit cognition provided

unique information about behavioral health conditions that people may be uncomfortable

discussing, such as PTSD (Garrison & Handley, 2017).

Depression. Depression is another form of well-established comorbidity of PTSD

like behavioral and psychological, which has received little attention as it related to

military veterans (Banks, 2018). Psychiatric comorbidities may

complicate depression treatment along with depression symptom severity. This is

especially true for depressed veterans, who have high psychiatric comorbidity rates

(Ziobrowski et al., 2021). It is well-established that PTSD and major depressive disorder

are associated with physical health difficulties among U.S. veterans, the incremental

burden of having both disorders relative to either one alone remains largely unknown

(Nichter et al., 20189). Nichter et al. study provided the first population-based

characterization of the burden of medical illness associated with PTSD, major depressive disorder, and their comorbidity among U.S. veterans.

Military Combat Veterans

To justify the literature for the selection of the variables a closer look was taken into military combat zones, family solutions, treatments, therapies, and medications. To start, a military combat zone is any area the president designates by executive order as an area in which the U.S. Armed Forces are engaging or have engaged in combat (Coleman et al., 2020). The theme in contemporary literature is that military combat is synonymous with the practice of dealing with symptoms of PTSD (Banks, 2018). War survivors often report symptoms of PTSD, depression, and anxieties (Schlechter et al., 2021). PTSD can complicate pain management outcomes, which is consistent with the impact of other psychosocial factors in the biopsychosocial model of pain (Coleman et al., 2020).

Family Solutions

Family solutions are important in understanding of multiple deployments and PTSD. Research showed evidence that there was a relationship between PTSD and military families experiencing parental changes (Chesmore et al., 2018). Further, the stress of multiple deployments and exposure to combat places service members at risk for PTSD, which may affect parenting (Chesmore et al.,). Evidence-based parenting programs have been successful in promoting adaptive parenting practices among families exposed to stress, only to find that the effects of preventive interventions on parenting may vary by military parents' PTSD.

During wartime deployment, many families experienced repeated cycles of separation and was often left feeling anxious and fearful for the safety of their loved one. Families adjusted to transitions in roles and responsibilities within the family system and readjust upon the service member's reintegration into civilian life (Brockman et al. 2016). Military combat-related deployments created huge stressors that was associated with changing roles that children must adjust with their parents. Chesmore et al., (2018) also mentioned that during wartime deployment, many families experienced repeated cycles of separation and was often left feeling anxious and fearful for the safety of their loved one. Although many military families showed resilience in the face of military deployment, they exhibited positive adjustments during and after the deployment cycle however, PTSD disrupted and/or impair military parents' parenting (Chesmore et al., 2018).

Brockman et al., (2016) stated the potential negative impact of military service members' combat-related trauma experienced during the Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn conflicts had been well documented. Combat and combat-related trauma have been linked to service members' increased risk for PTSD, depression, substance use problems, and violent behavior. Brockman et al., (2016) also pointed out how the lengthy and often multiple deployment separations and absences, role transitions, awareness of dangers to the service member, and the post deployment health and adjustment of service members also presented considerable challenges to the spouses/intimate partners and children of service members. The post deployment adjustment of spouses/intimate partners is characterized by

increased risk for depression and anxiety problems, and that of children by increased risk for internalizing and externalizing problems (Brockman et al. 2016).

These challenges of uncertainty and strain associated with deployment absences, caused an enormous amount of stress, but many military member's intimate partners and children showed considerable resilience in the face of these significant and impactful changes (Brockman et al., 2016). According to Banks (2018) little is known about how service members experienced with trauma during deployment, post-deployment adjustment, and experiential avoidance played a role in the interactions with spouses and children.

Banneyer et al. (2017) states that PTSD is a condition that affected many individuals, especially those who served in the military. Children was especially at risk for experiencing a variety of negative biological, behavioral, social, and psychological effects due to having a parent affected by PTSD. Banneyer et al. noted that many returning veterans with PTSD didn't receive treatment to address their symptomatology, unfortunately, this trend may have a negative impact on the children of those military members with PTSD. This expansion of Banks (2018) study also examined the relationship between PTSD and military families, including parenting, deployment, and post-deployment.

Treatments

According to Banks (2018), treatments for PTSD had increased, many veterans suffered from this mental illness with a lack of treatment from veteran-based clinics. In addition, there was a large population of military veterans with underutilized knowledge

of PTSD treatment, it was important to explore factors that may facilitate or stand in the way of treatment seeking for this population (Corrigan et al., 2021). Mental health literacy was an important target to reduce stigma-related barriers to mental health care among veterans. This perspective was consistent with social psychological theories of stigma reduction, which have highlighted the role of mental health knowledge in decreasing mental health stigma (Williston et al., 2020).

Given that mental health literacy levels varied by presenting problem, it was important to examine mental health literacy within the context of specific mental health problems. This is especially important for warfare-exposed veterans, who was at particularly high risk for PTSD (Mota et al., 2019). Additionally, stigma related to experiencing a mental health problem or seeking treatment, was a salient concern for former service members, even more so than their civilian peers due to their exposure to an organizational culture that places a strong emphasis on self-control, self-reliance, and emotional toughness (Mota et al., 2019).

Harik et al. (2017) examined PTSD-specific mental health literacy in both civilians and veterans revealed that both groups were more frequently able to identify symptoms of PTSD and potentially traumatic events than to demonstrate knowledge of evidence-based treatment options. Further, individuals who had received prior PTSD treatment were better able to identify PTSD symptoms, and interestingly, veterans demonstrated lower knowledge of evidence-based treatment options than their civilian peers. These finding highlighted the need for additional attention to mental health literacy in veterans (Harik et al., 2017).

Therapies

According to Maguen et al. (2019) little is known about predictors of initiation and completion of evidence-based psychotherapy for posttraumatic stress disorder, with most data coming from small cohort studies and post-hoc analyses of clinical trials. However, Thompson-Hollands (2019) explored brief novel therapies for PTSD written exposure therapy. Written exposure therapy is a five-session exposure-based intervention for the treatment of post-traumatic stress disorder. Written exposure therapy was developed through a series of systematic evaluations of the expressive writing procedure. It is an efficient intervention, requiring limited patient and therapist time, and no between-session assignments. The treatment results in statistically and clinically significant symptom change among individuals, including veterans, with PTSD.

In addition, evidence-based psychotherapy for posttraumatic stress disorder is a first-line treatment, its real-world effectiveness is unknown. We compared cognitive processing therapy and prolonged exposure each to an individual psychotherapy comparator group, and cognitive processing therapy to prolonged exposure in a large national healthcare system (Maguen et al., 2021). Prolonged exposure and cognitive processing therapy are first-line treatments for posttraumatic stress disorder (PTSD) based on clinical practice guidelines (Departments of Veterans Affairs and Defense, 2017).

To effectively treat PTSD, the largest integrated healthcare system in the United States, the Veterans Health Administration began national implementation of these two evidence-based psychotherapies in 2005 (Department of Veterans Affairs and Defense,

2017). However, some studies and systematic reviews have demonstrated that veterans and military personnel may be less likely to demonstrate clinical improvement from CPT and prolonged exposure, compared to civilians, another important aspect of clinical effectiveness is attending to adequate doses of treatment among those receiving PTSD evidence-based psychotherapies, (Department of Veterans Affairs and Defense, 2017).

Medications

According to Banks (2018) treatments medications have ushered troubling issues with PTSD victims by adopting everyday usage for recreational use to cope with the everyday difficulties of society. In addition, 2.5 million Americans meet criteria for opioid use disorders. This is a serious epidemic among US military personnel (Banks, 2018). Medications was used to help individual with the psychological effects of this mental disorder, but the clinical doctors were giving large amounts of drugs, which time turn into drug habit. Nawijn et al. (2017) states that medication-enhanced psychotherapy is a possible strategy to increase psychotherapy response in PTSD. These drugs were used to medicate PTSD, but it also manipulates their feelings and thoughts. Nawijn et al. noted patients have fewer positive feelings, less approach, and more avoidance behavior in response to positive social memories.

Pharmacotherapy and psychotherapy are effective treatments for PTSD that are cost efficient to the Department of Veterans Affairs (Banks, 2018). Fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine showed efficacy for (PTSD) in randomized clinical trials. Two prior studies used Department of Veterans Affairs medical records data showed these medications was also effective in routine

practice. Haller et al. (2016) state effective medications include selective serotonin reuptake inhibitors although only sertraline and paroxetine was approved by the Federal Drug Administration for PTSD. Other FDA approved drugs helped with nightmares and sleep disturbances are prazosin, which is characterized to help PTSD. There had been considerable debate on the safety and efficacy of the drugs used for veterans with PTSD (Banks, 2018).

Inner-City Violence

An extensive review on studies related to key independent and dependent variables helped produce a description and explanation of what is known about the variables, what is controversial and what remains to be studied. A closer look into inner-city violence, victims of inner-city violence, the effects of inner-city violence, and inner-city violence around the world helped produce that description. Also, this review synthesized studies related to the research question. The literature review provided evidence that victims of urban violence are affected unknowingly from symptoms of PTSD (Jennings, 2021). Even though, significant research on PTSD has been done for military personnel, minimal research exists on the victims of urban violence and street gangs in inner-city areas (Banks, 2018). However, Affrunti et al. (2018) pointed out that several separate lines of research have demonstrated that community violence predicts PTSD symptoms in youth.

Affrunti et al. (2018) examined how important social support was, and that it is one of the most protective factors against the development of PTSD symptoms. Just as important was the association between primary and secondary exposure to community

violence and the moderating role of parent and friend support on these relations, and that friend support is a salient protective factor for urban youth who was at risk of PTSD symptoms due to exposure to community violence (Affrunti et al., 2018).

Griggs et al. (2019) said that exposure to community violence was associated with less emotional comfort, less family involvement, higher individual risk, and poorer academic and work performance. Griggs et al. (2019) highlighted the relationships among community and school violence exposure, parent☐adolescent conflict, coping style, and self☐reported health in a sample of 432 high☐risk, inner☐city African American adolescents at age 14 years. Found were multiple covariates (sex, age, blood lead levels, and socioeconomic status), and that both violence exposure and posttraumatic stress symptoms were related to health outcomes.

Current literature reviled that Smith et al. (2018) found over 70,000 nonfatal firearm injuries occurred in the US, frequently leaving victims injured with retained bullets which long-term psychological risks are associated with retained bullet wounds, and how the presence of retained bullets after firearm injury is associated with increased PTSD and depression symptom. Inner-city violence is associated with adverse psychological consequences after firearm injury. To improve recovery and to aid in clinical management decisions, clinicians should consider both the psychological and physical effects of retained bullets in survivors of firearm injury, as a preventive measure to avoid PTSD (Smith et al., 2018).

Weisburd et al. (2018) pointed out that geographic influences are a very important area, shaping the effect of violent crime for both mental health measures, and an

additional impact of the specific street of residence for PTSD, and the relationship between mental health and place at microgeographic units of analysis. Weisburd et al. (2018) examined the self-reported symptomology for depression and PTSD for 2,724 survey respondents. They were interviewed in three types of randomly selected street segments, violent crime hot spots, cool spots, and cold spots, and the mean symptomology score was 61% higher for depression in violent crime hot spots than cold spots, and 85% higher for PTSD.

Although limited research exists on victims of inner-city violence in the United States to support how violence affected families mentally and physically, DeCou and Lynch (2017) mentioned that generally experiences of community violence was linked with negative outcomes for African American adults and children. However, few standardized measures assessing community violence exist, and available measures lack consistency concerning the definition of community violence. Sun et al. (2020) found African American adolescent girls in inner-city areas was overrepresented in the juvenile justice system. African American girls was also disproportionately impacted by neighborhood violence and crime (NVC), which have been shown to positively associate with PTSD symptoms. Sun et al. reviled the main effects of perceived NVC, and dysfunctional ER were significant.

A significant interaction effect was found between perceived NVC and internal dysfunction ER at baseline to predict PTSD symptoms 3 months after release. High levels of internal dysfunctional ER intensified the positive association of baseline perceived NVC and PTSD symptoms (Sun et al., 2020). Gender identification whereas both male

and female African Americans was overrepresented in the judicial system. The relationship between inner-city violence, PTSD and Justice-involved African American adolescent girls who report high NVC and use dysfunctional ER strategies are particularly vulnerable to the development of PTSD. Interventions with this population may benefit from targeting dysfunctional ER strategies to mitigate or prevent neighborhood violence related PTSD (Sun et al., 2020).

Gang activity made up a large portion on inner-city violence. Patton et al. (2017) identified three gang-like behaviors in neighborhood streets of specific vulnerable subgroups that have developed into concrete killing fields in Philadelphia's impoverished, majority Puerto Rican and Black neighborhoods:

(1) promoting one's gang affiliation.

(2) reporting one is part in a violent act; and

(3) networking with gang members across the country.

Furthermore, gang-related aggression was well known for trolling victims and that of a medium creates disinhibition effect, leading to other behaviors that damaged one's own self-image. Gang activity and gang crime remained a focus of federal and local law enforcement and prevention efforts in the twenty-first century (Hollis, 2019). Raids in areas with high concentrations of Hispanic, Latino and Black populations such as Los Angeles targeted those who are believed to be members of Latino and Black gangs. In May 2017, the U.S Immigration and Customs Enforcement agency (ICE) reported that more than 1300 members had been arrested across the United States, one of the largest anti-gang enforcement efforts in ICE history (Hollis, 2019). This initiative

echoes the political rhetoric from Donald Trump's presidential campaign and policies

introduced in the first year of the Trump Administration such as the border wall and

enhanced immigration enforcement and deportation efforts (Hollis, 2019).

Patton et al. (2016) pointed out that research had identified a relatively new trend

among youth (12–24) living in violent inner-city neighborhoods. These youth used social

networking sites like Facebook, Twitter, and Instagram to brag about violence, made

threats, recruited gang members and plan criminal activity known as Internet banging.

Patton et al. (2016) also explained that youth communicated by mining data on

social media and surveyed or interviewed youth about their social media behaviors.

However, there is little to no empirical research that examined how adults who worked

directly with youth in violent, inner-city neighborhoods shaped, conceptualize, and

intervene in inner-city -based youth violence facilitated by social media. Interviews with

violent outreach workers was asked to describe how youth used social media and the

extent to which they used social media to intervene in crisis that emerge in violent inner-

city neighborhoods. Participants described youth behavior that included taunting

rival gangs, posturing, and boasting about violent events. Also found evidence that social

media enhanced crisis intervention work in violent neighborhoods when coupled with

close, trusting relationships with youth (Hollis, 2019).

With social media data widely available, researchers were increasingly

incorporating tweets, posts, and blogs in their work (O'Callaghan & Douglas, 2021).

While easily accessible, the use of "public" posts raised important questions about the

ethics of mining, storing, analyzing, and reporting publicly available social media data,

especially when gathering sensitive information such as sexual violence disclosures and victims of inner-city violence.

O'Callaghan and Douglas (2021) pointed out that online movements including #MeToo and #WhyIDidntReport emerged to shed light on gender-based and inner-city violence. These movements generate large quantities of data:

> With little consistency and oversight across research groups, disciplines, and review boards on data ethics. 1. Caused the recent push in social science to publish data to open science databases. 2. Causes of concerns from feminist psychologists and ethical concerns of social media research with survivors, have become more salient. 3. Failed to address ethical issues by reviewing existing social media sexual assault disclosure research and make concrete recommendations for authors seeking to use social media data.

> Data proposed four survivor-informed recommendations for research with this vulnerable population: (a) get input from survivors, (b) update ethics review boards, (c) maximize benefits to participants, and (d) utilize study-appropriate datasets with informed consent.

Finally, violent inner-city communities and cultural changes require a decrease in violence among people living in these communities. Jenkins (2021) reported that conversations with members of the faith community, the law enforcement community, community activists, human services workers, the LGBTQ community, and those working with children and youth provided a rare view of the Black community's perspective on inner-city violence and its solutions (Jenkins, 2021). The discussion

centered around Black community issues such as structural inequalities, racial

oppression, economic disenfranchisement of Black men, and the ongoing impact of

slavery. There was also concern for the welfare of "the community" (vs. the individual),

and for Black men in general.

Victims of Inner-City Violence

Victims of inner-city violence was measured using a validated instrument created

by McMillan and Chavis (1986) that measures membership, reinforcement of needs,

influence, and shared emotional connection. The 24 items SCI-2 will be used to measure

four components (membership, influence, shared emotional connection, and

reinforcement of needs), which was categorized into four elements: membership

(boundaries, emotional safety, belonging, personal investment, and standard symbol

system), influence (in-group, group cohesion), shared emotional connection (graphic

element in community, identification), and reinforcement of needs (rewarded community

influence).

Effects of Inner-City Violence

Current literature had provided evidence that inner-city violence affects outcomes

such as organizational crime, insufficient access to basic services, and insecurities

(Johnson & Kane, 2018). Johnson and Kane (2018) state disadvantaged neighborhoods

found it difficult to establish levels of informal social control necessary for preventing

and responding to violence or may not be equipped to enlist support from municipal

institutions of formal social control. In addition, economies in disadvantaged

neighborhoods created conditions favorable for violence, as participants either lacked

access to criminal justice system resources to settle disputes or regard those resources particularly, the police as illegitimate (Johnson & Kane, 2018).

To the contrary, Roman et al. (2019) pointed out that violence reduction initiatives based on focused deterrence strategies have gained attention in recent years due to their empirical support. The evaluations have generally assessed the impact of this intervention on trends in gun violence at the aggregate level, but not at the gang level.

The effects of inner-city violence on communities of color posed a serious threat to youth and young adults in Philadelphia, PA. Between 2011 and 2013, roughly 1900 individuals aged 14 to 24 was the victims of shootings, many of these shootings was fatal. More recently, there were between 70 and 110 homicides of individuals between the ages of 11 and 24 each year (Philadelphia Police Department 2018).

According Roman et al. (2019) the 2019 FBI Uniform Crime Report, at 21.6 homicides per 100,000 individuals, Philadelphia had the fourth highest homicide rate among large U.S. cities. Although nationally the juvenile arrest rate for violent crimes is at a historically low point, youth violence, and gun violence, remains a serious social problem in North America. Philadelphia is no exception in this regard. Within this context, local Philadelphia officials have experimented with several innovative and evidence-based strategies designed to curb inner-city violence. One of these programs was based on the focused deterrence model of violence reduction currently known nationwide as the Group Violence Intervention.

Finally, there was families who were considered privileged who reside in a quiet and safe neighborhood, which were almost always the suburbs of an inner-city area, these

families seemed to have insecurities about individuals from lower-income backgrounds. Johnson and Kane (2018) pointed out that disadvantaged neighborhoods found it difficult to establish levels of informal social control necessary for preventing and responding to violence or may not be equipped to enlist support from municipal institutions of formal social control. Economies in disadvantaged neighborhoods created conditions favorable for violence.

Johnson and Kane (2018) said that equally important, a neighborhood's level of violent crime was also influenced by levels of structural disadvantage. The inner-city ghetto isolates multiple adjacent socioeconomically disenfranchised neighborhoods in large swaths of geographic space, such that they were generally unable to benefit from positive spillover conditions of nearby communities. In other words, highly disadvantaged communities of color pay a double penalty, as they must contend with the violence-inducing structural conditions of their own communities and being rejected by their surrounding communities.

Inner-City Violence Around the World

Inner-city and Urban violence is a phenomenon that occurs at the poverty level of living conditions, not just in American cities, but also around the world. Poverty stricken cities outside the United States have similar issues such as unemployment, gang violence, drug and alcohol addiction, and lack of educational platforms (Rosen, 2017). Rosen (2017) pointed out Latin America was one of the world's most violent regions, cities throughout Latin America, faced a range of multiple complex challenges. Most

explanations of the high levels of violence in Latin America and the Caribbean have

focused on economic factors, cultural variables, and drug wars (Cruz, 2016).

Cruz (2016) said it was necessary to bring the state back into the analysis of

criminal violence by examining the many ways in which the state directly contributes to

violence in Latin America. State agents contributed to the escalation of criminal violence

in the region by extending the legal limits of the use of legitimate force, by tolerating and

supporting the employment of extralegal approaches to deal with crime and disorder, and

by partnering with criminal groups and militias. They did this while seeking legitimacy

and constructing political authority.

Overseas cities and American inner cities have similar circumstances where

violence and poverty are dominate interactions among groups living in these types of

communities. Interpersonal violence had become one of the main public health issues in

Latin American cities. Briceño-León (2017) mentioned how sociological interpretation

operates on three levels, expressed in the factors that originate, foment, or facilitate

violence. Macro-social factors include:

- Social inequality due to the increase in wealth versus poverty.

- The paradox of more schooling with fewer employment opportunities.

- Increasing expectations and the impossibility of meeting them.

- Changes in family structure; and loss of importance of religion in daily
  life. At the meso-social level the analysis highlights:

- Increased density in poor areas and urban segregation.

- Masculinity cult.

- Changes in the local drug market.

- The micro-social level includes:

- An increase in the number of firearms.

- Alcohol consumption.

- Difficulties in verbal expression of feelings.

Briceño-León, (2017) concludes with an analysis of how violence is leading to the breakdown not only of urban life but also of citizenship in Latin America.

Inner-city violence in America has occurred due to:

- Poverty

- Lack of education

- Lack of employment opportunities.

In the wake of the global pandemic and social unrest throughout the United States, firearm violence has risen to concerning levels across many of America's large urban cities (Roman et al., 2019). Roman et al., (2019) recently reported that crime rates in the year 2019 across 34 cities, a 30% increase in homicide rates as compared to the previous year. Gun assaults increased 8% in this similar time. Early media reports in 2020 suggested this troubling trend in lethal violence would persists.

Moncada (2016) states violence and responses to violence relate to broader conflicts and political paradoxes create conflict within city boundaries. Latin America tends to have conflict on political matters rather than community issues, which is where violence occurs. Poor families experience high residential rejection, whereas, residents of

disadvantaged, high-crime neighborhoods stay put for extended periods of time before moving (Rosen, 2017).

American inner-cities have deplorable housing for lower-income families, located in the areas that was drug infested extremely high crime rates and full of gang violence. These families have no choice but to accept this opportunity given by government assistance, it is their only affordable opportunity for housing. Therefore, inner-city violence ultimately affected the overall livelihood of any individual living in those conditions but creating new avenues of policies may help reduce violent trends in the future (Rosen, 2017).

Overcoming Trauma and Growing Resilience

Summarizing major themes in the literature points to overcoming trauma and growing resilience. Resilience was a topic that is increasingly emerging in the literature as a necessity, not only for individuals who was suffering trauma in our society, but also for the health and well-being of caring professionals from first responders, interprofessional providers, and the clergy (Aboraya, 2018). Resilience is generally thought of having the ability to bend but not break, bounce back, and perhaps even grow in the face of adverse life experiences. The American Psychological Association defined resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress." While this definition is useful, it didn't reflect the complex nature of resilience.

Determinants of resilience included a host of biological, psychological, social, and cultural factors that interacted with one another to determine how one responds to

stressful experiences (Aboraya, 2018). In defining resilience, Aboraya described how it is important to specify whether resilience is being viewed as a trait, a process, or an outcome, and it is often tempting to take a binary approach in considering whether resilience is present or absent. However, resilience is more likely to exist on a continuum that may be present to differing degrees across multiple domains of life.

Lymus (2017) explained how the strain and difficulties that plagued the inner city continue to mount. As a result, youth who grew up in this environment was exposed to violence, substance abuse, inadequate education, and poverty. Although some youth became a part of the cycle that produced these unfortunate events, some can make it out and become assets to society. This occurrence has been termed resilience. The study of resilience continues to grow as researchers attempt to provide information for school officials, communities, and mental health practitioners about how to promote resilience in inner city youth.

When children grow up in a neighborhood with a high prevalence of gun violence, unemployment, poverty, and other stressful events, it can negatively impact their mental, physical, and social health. Reports from Open Data Philly Web database indicated that there were nearly 500 shooting victims in the inner cities of Philadelphia, where 42% percent of households with children currently live in poverty, in addition, COVID-19 had a larger impact in lower-income communities and communities of color, including higher rates of hospitalizations, death, and financial hardship. The COVID-19 pandemic and surging gun violence in Philadelphia meant exposure to trauma is now both widespread and persistent. Exposure to violence posed a serious threat to

adolescents' safety and well-being; however, some adolescents who grow up in such toxic environments can thrive due to a combination of internal and external characteristics (DiClemente et al., 2018).

Alternatives

Alternatives emerged as a major theme in the literature. Current literature pointed out that despite risk for trauma, subsequent mental health concerns, and poor health outcomes, young Black/African American men was less likely to receive mental health services than other racial/ethnic groups. Despite the growing literature on resilience, there was less information on relationships between resilience, risk behaviors, and use of mental health services (Bauer et al., 2020). However, Marselle and Warber (2019) pointed out how Nature-based activities would be used as therapeutic interventions for those who experienced stress and mental ill health. They suggested that group walks could be a nature-based intervention to foster resilience, by buffering the effects of recent stressful life events on mental health.

Marselle and Warber (2019) also suggest helping develop resilience for victims of inner-city violence:

- Listen carefully.

- Spend time with the victim.

- Offer your assistance, even if they haven't asked for help.

- Help with everyday tasks like cleaning, cooking, caring for the family, minding the children.

- Give them private time.

- Don't take their anger or other feelings personally.

- Tell them that you are sorry such an event has occurred to them, and you want to understand and help them.

- Help the victim to find someone to talk with about how they feel and what you are going through.

- Tell them to spend time with others but make time to spend by themselves.

- I suggest to them take care of their mind and body. Rest, sleep, and eat regular, healthy meals.

- Have the victims reestablish a normal routine as soon as possible, but don't over-do.

- Have the victims make daily decisions, which will help to bring back a feeling of control over their life, and finally suggest that they exercise, though not excessively, and alternate with periods of relaxation.

Public Policy

Pellissery (2019) pointed out that public policy is an institutionalized proposal to solve relevant and real-world problems, guided by a conception and implemented by programs as a course of action created and/or enacted, typically by a government or nonprofit organization, in response to social issues. Individuals and groups often attempt to shape public policy through education, advocacy, or mobilization of interest groups. Shaping public policy is obviously different in Western-style democracies than in other forms of government. But it was reasonable to assume that the process always involved

efforts by competing interest groups to influence policy makers in their favor (Pellissery, 2019).

A major aspect of public policy is law. In a general sense, the law included specific legislation and more broadly defined provisions of constitutional or international law. There were many ways that the law influenced how survivors of violence was treated and the types of services they received. Likewise, legislation identified areas in which research grants can be funded and often determines the amount of funding allocated. Thus, it was not surprising that public policy debates occurred over proposed legislation and funding which hinders victims of inner-city violence (Rinfret, 2018).

Criminal Justice System

The participants in the Criminal Justice System are the Federal Judge, The United States Attorney, Assistant United States Attorneys, Victim Witness Coordinator / Advocate, Witness, Victim, and the Defendant (Bellafante, 2018). Did victims of inner-city violent crimes from low-income communities realize they have legal rights such as the right to be reasonably protected from the accused? According to Bellafante, victims of violent crimes have the right to reasonable, accurate, and timely notice of any public court proceeding, and any parole proceeding, involving the crime or of the release or escape of the accused. The victim has the right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding (Bellafante, 2018).

This qualitative study addressed questions that related to if the victims was receiving adequate assistance and information on how to proceed after being victimized. Although the Office of Victims of Crime is advancing collaborative reforms in Philadelphia's criminal and juvenile justice systems that produced racial equity and community safety, were the victims of low-income communities aware of these services? This institution was advocating for victims in the criminal justice system and perform many functions such as speaking or acting on a victim's behalf; serving as a liaison between the victim and the court system to minimize the physical, psychological, emotional, and financial effects of the crime on the victim; and working to effect social and system changes (Bellafante, 2018).

Rinfret (2018), argued that victims of inner-city crimes faced a tremendous amount of issues which included prolonged psychological trauma; fear, shame, and guilt; alienation from family and friends; loss of livelihood; damage to reputation and sense of self; and risk or fear of retaliation. The way these issues was addressed varies between jurisdictions, so much so that it can be hard to know what rights victims have (Rinfret, 2018). Further, although victims' compensation funds exist knowing about them and gaining access can be very difficult. There were aspects of these benefits that simply are inaccessible to most victims of inner-city violence.

Social Service Agencies

In what ways does social service agencies help victims of inner-city violent crimes? Are the victims of inner-city violence aware that social services agencies provide a range of public services intended to provide support and assistance towards groups,

which commonly include the disadvantaged. They may be provided by individuals,

private and independent organizations, or administered by a government agency (Julian,

2020). Gibelman (2005) pointed out that social service agencies promoted the health and

well-being of individuals by helping them to become more self-sufficient; strengthening

family relationships; and restoring individuals, families, groups, and communities to

successful social functioning in the aftermath of a violent crime.

Mental Health Care

Crimes have a devastating effect on victims and their families, and they may need

help coping with the impact of victimization. Emotional and behavioral reactions to

crime victimization are normal and to be expected. For most, stabilization will occur

within 90 days of the victimization. However, some individuals may lack the coping

skills and post-trauma resilience for an unassisted return to pre-trauma functioning. These

individuals may be at risk for developing mental health disorders such as PTSD.

Referrals for mental health services may be needed in the immediate aftermath and

throughout the investigation and prosecution (Herman, 2016).

Current Research on Study Topic

This study filled at least one of the gaps in the literature and will extend

knowledge in the discipline. That gap focused on the relationship between victims of

inner-city violence PTSD and access to public policy. Current research indicated that a

small number of researchers focused on the relationship between victims of inner-city

violence, PTSD, and public policy where other researchers did support the notion in part,

they endorsed the perspective of urban and inner-city violence in the Hispanic and Black culture due to political reasons (Raman et al., 2021).

In these communities around the world crime, poverty, social unrest, health disparities and violence were the predominant traumatic events affecting the lives of minorities who live in these communities. The results of this expansion of Bank's (2018) study addressed this gap in the literature through re-examination of the relationship between victims of inner-city violence, PTSD, and public policy.

The United States is experiencing a continuing crisis of gun violence, and economically marginalized and racially segregated inner-city areas are among the most affected (Friedman et al. 2019). Neighborhood streets of specific vulnerable subgroups such as African Americans have developed into concrete killing fields in Philadelphia's impoverished, inner-city neighborhoods (Friedman et al., 2019). These types of occurrences without public policy support put the surviving victims, family, and friends at risk of developing PTSD. There was little evidence on how these events were being addressed, as it related to the accessibility of public administration institutions for victims to address their victimization, consequently this study addressed that gap in this discipline.

Summary and Conclusion

Chapter 2 provided a literature review and investigation of the relationship between PTSD, violence, and public policy. The current literature pointed out that PTSD is commonly associated with men and women who served in areas of combat zones in the United States military (Schlechter et al., 2021). War survivors often report symptoms of

PTSD, depression, and anxieties. According to Banks (2018) the theme in contemporary

literature was that military combat is synonymous with the practice of dealing with

symptoms of PTSD.

What was known from the empirical literature showed increased evidence for the

relationship between PTSD and military families experiencing parental changes

(Chesmore et al., 2018). Furthermore, Chesmore et al. explained that the stress of

multiple deployments and exposure to combat places service members at risk for PTSD,

which may detrimentally affect parenting. What is also known is victims of inner-city

violence was at risk of developing PTSD, like military personnel experienced from

combat war zones. Violence had become a norm within Black and Hispanic communities

that have high rates of unemployment, health care disparities, shootings, gang violence,

lack of educational opportunities and poverty.

The literature review also included some analyses of research on victims of inner-

city violence and PTSD that inform the understanding of the phenomenon that victims

are facing. The literature review encompassed theories and research concerning violence

in communities, as compared to military combat war zones, and PTSD. In addition,

researchers who resided in foreign countries pointed out that there was a significant

relationship between victims of inner-city violence and PTSD (Rosen, 2017). The

literature review also contained suggestions on how to overcome trauma and growing

resilience strategies regarding victims of inner-city violence and PTSD.

Consequently, what is not known and according to Banks (2018) his review of the

literature indicated a lack of clarity in the field of research on the definitions, constructs,

and measures of PTSD. My expansion of Bank's (2018) study addressed what are the success and barriers victims of inner-city face as they address their victimization.

Finally, chapter two showed evidence that there is a strong possibility that a relationship exists between victims of inner-city violence, PTSD, and military combat zones (Sparks, 2018). The results of this study addressed the gap in the literature regarding victims of inner-city violence, PTSD, and their access to public administration institutions to address their victimizations. Chapter 3 included a detailed account of the methodology chosen to collect the necessary data for this study.

Chapter 3: Research Methods

The purpose of this general qualitative study was to explore the barriers and success factors for victims of inner-city violence as it related to having access to public administration institutions in criminal justice, social service, and mental health care in Philadelphia, Pa. The findings of my study presented solutions to the phenomenon, how violence frequently occurred in inner-cities, and victims lack of public administration help to address their victimization. Chapter 3 previewed the research design and rationale for this study. In addition, other significant sections of Chapter 3 included the role of the researcher, the chosen methodology implemented, an explanation of instrumentation, major issues of trustworthiness, the summary, and a transition into chapter 4.

Research Design and Rationale

This general qualitative study was conducted to answer the research question "What are the public policy barriers and success factors for victims of inner-city violence in Philadelphia?" The phenomenon of interest was how violence occurred in inner-city communities and the lack of assistance from public administration institutions to address victimization that led to the development of PTSD. General qualitative research is most appropriate for this study because it is designed for studies that required the phenomena to be explored in its natural environment, where data are collected through interviews and document analysis (Creswell, 2018). This methodology allowed immediate responses to any issues that may arise during the interview process based on the victims' responses, and their experiences. The qualitative approach to this study increased the scope of

narratives and experiences of the participants in support of exploring the research

question, problem, and purpose of study (see Creswell, 2018).

Role of Researcher

In this qualitative study, my role as the researcher was to be an observer-

participant and collect and record data through an interview protocol. I have no personal

or professional relationships with any of the participants; therefore, I have no supervisory

or instructional relationship involving power over the participants. To eliminate any bias,

I adhered to Walden University's standard research protocol by using member checking,

bracketing, and journaling. Moreover, I did not allow other possible ethical issues

applicable to this study, such as conflicts of interest, power differentials and personal

experiences involving racism to interfere with my data collection and analysis. This study

was not being conducted in my own work environment, and no participant incentives

were used in this study except a $15.00 gift card from Walmart.

Methodology

Population and Sampling

The study target population consisted of African American residents from

Philadelphia, Pennsylvania who experienced or witnessed inner-city violence. Purposeful

sampling is used in qualitative research to select individuals and sites to inform an

understanding of the research problem and central phenomena in the study (Creswell,

2018). Therefore, I used purposeful sampling to identify and recruit 10 victims of inner-

city violence. The 10 participants represent a large inner-city where many residents

survived violence and were available to voluntarily participate in a structured interview

regarding their experiences. All participants were required to meet the following criteria: (a) must have been a victim or witnessed inner-city violence; (b) and residents of Philadelphia for at least 5 years; and (c) must be at least 18 years old. These 10 individuals were identified and contacted through social media platforms, such as Facebook, Instagram, and Twitter. Social media platforms were critical to this study and the postings included the criteria needed to participate in the study. This criterion included my contact information, the purpose of the study, and its voluntary nature. The relationship between saturation and sample size occurs when the researcher determines that no new information surfaced during the interview process. Saturation is critical for the validity of the findings composed by the researcher (Creswell, 2018).

Instrumentation

The data collection instruments used in this study included an interview protocol, observation sheet, and audio tapes. I created 10 survey questions (see Appendix) that established sufficiency of data collection and directly answered the research question. My interview protocol allowed data collection as a series of interrelated activities aimed at gathering good information to answer emerging research questions (see Creswell, 2018). Content validity was established by submitting the questionnaire to three Walden University content validity experts, and all changes were made to the questionnaire where necessary. The survey questionnaire addressed (a) what the individual had done to address their victimization; (b) whether they sought help from the justice system; (c) whether they aware of any social service agencies who may be able to help them; (d) could they explain any success factors they may have experienced; (e) whether their

needs met by the agency they contacted for help; and (f) if the local authorities made any recommendations to address their victimization.

Data Collection

The procedure for recruiting, identifying, and contacting participants, and collecting data for this study was as follows. A flyer was distributed to residents and agencies through social media platforms such as Facebook, Instagram, and Twitter. The data were collected from individuals who met the established criteria and agreed to participate in the study. The data was collected from 10 individuals in separate interviews. Each participant interview was conducted on a date and time convenient for the participant and lasted approximately 1 hour. Data collection sources included (a) recording device, (b) observation sheets, and (c) interview protocol.

The planned location to collect data was in a public library. But with new emerging variants from Covid-19 pandemic, it was impossible to conduct in person interviews. I implemented telephone taped interviews, and each interview was scheduled accordingly. At the conclusion of the interview, I debriefed and thanked the participants for their participation. There were no requirements for the participant to return for follow-up interviews. After the tenth interview, no new themes were generated, so it was deemed that data collection reached saturation.

Data Analysis Plan

Data analysis in qualitative research consists of several steps, which includes preparing and organizing the data for analysis, then condensing the data into themes through a process of coding (Creswell, 2018). Upon completion of condensing the codes,

the data are configured into figures, tables, or prepared for a discussion. In qualitative

research, this is the general process that researchers often use, however; there will be

some variations in this approach (Creswell, 2018). The qualitative approach used in this

study produced a vast body of data which addressed the specific research question. To

establish sufficiency of data collected through coding, all data was performed through a

thematic analysis. This method of data analysis was an economical safe (COVID-19) and

time-efficient approach to interview victims of inner-city violence from Philadelphia, Pa.

The following is the anticipated approach to thematic development, (a) listen to audio

recordings and transcribe (b) review transcription to ensure clarity (c) code the data

identifying common themes (d) create a diagram displaying the most significant themes

and concepts. According to Creswell (2018) qualitative data analysis approach is

considered thematic and content based.

Computer programs will help with this phase of the analysis. Creswell (2018)

points out that computer programs simply provide a means for storing the data and easily

accessing the codes provided by the researcher. Therefore, I did not use NVivo software

from QSR International. NVivo will help analyze, manage, shape, the data collected if

necessary. Discrepant cases were characterized and noted in a specific area of

documentation.

Issues of Trustworthiness

According to Bernard (2018), validity is the extent to which a concept is

accurately measured and whether one can draw meaningful and valuable inferences from

scores on instruments in a qualitative study and the researchers must establish credibility, transferability, dependability, and confirmability.

Credibility

Credibility is one of the oldest communication concepts. It is also one of intense recent interest. Do findings accurately reflect reality as seen by participants in a study? Both communication scholars and professional communicators have tried to understand why people find some communications to be more credible than others. Credibility had been studied by students of both interpersonal communication and mass communication and it was of interest by those examining online and new media. Most people intuitively sensed that they could judge some communications to be more credible than others (Stacks & Salween, 2008).

In this study credibility was established through prolonged engagement to ensure sufficient time to get familiar with the culture, and to build trust with the stakeholders. Triangulation is another potential strategy that was used to establish credibility. This process ensured a closer look at data collection and analysis interpretation based on multiple sources, methods, investigators, and theories. And finally reflexive journal process was found to be my best strategy. This allowed the researcher to refer to personal notes, documentations, and scholarly thinking throughout the research process (Lincoln & Guba, 1985).

Transferability

The nature of transferability, the extent to which findings are useful to persons in other settings, is different from other aspects of research in that readers determine how

applicable the findings are to their situations (Polit & Beck, 2014). Qualitative researchers focus on the informants and their story without saying this is everyone's story. Researchers support the study's transferability with a rich, detailed description of the context, location, and people studied, and by being transparent about analysis and trustworthiness. Researchers need to provide a vivid picture that will inform and resonant with readers (Amankwaa, 2016).

In this study I anticipated that the conditions were going to be similar enough to make findings applicable. The best strategy to ensure conditions were going to be similar was through thick description. This process described procedures, context, and participants in sufficient detail to permit judgment by others of the similarity to potential application sites. In addition, reflexive journal practice also solidified transferability (Lincoln & Guba, 1985).

Dependability

Dependability refers to the stability of the data over time and over the conditions of the study (Polit & Beck, 2014). A study of a phenomenon experienced by a patient may be very similar from time to time. Procedures for dependability include maintenance of an audit trail of process logs and peer-debriefings with a colleague. Process logs are researcher notes of all activities that happen during the study and decisions about aspects of the study, such as whom to interview and what to observe (Polit & Beck, 2014).

Strategies established dependability in this study included reflexive journals. This allowed the taking of notes, and document thought process throughout the research process. However, audit trail was the most effective strategy used to establish

dependability in this qualitative research study. Audit trails promoted keeping records that included raw data, documentation of the process and products, analysis, and synthesis, methodological process notes, reflexive notes, and instrument development/piloting techniques if necessary (Lincoln & Guba, 1985).

Confirmability

Confirmability is the neutrality, or the degree findings are consistent and could be repeated (Polit & Beck, 2014). Qualitative researchers keep detailed notes of all their decisions and their analysis as it progresses. In some studies, these notes are reviewed by a colleague; in other studies, they may be discussed in peer-debriefing sessions with a respected qualitative researcher. These discussions prevent biases from only one person's perspective on the research. In addition, depending on the study, the researcher may conduct member-checking with study participants or similar individuals (Polit & Beck, 2014). To establish confirmability, I kept an open mind and documented any potential sources of bias and authenticated the internal coherence of data, findings, interpretations, and recommendations (Lincoln & Guba, 1985). The best strategy used to establish confirmability was the audit trail concept.

Ethical Procedures

This study was conducted under Walden University's Institutional Review Board (IRB) established procedures to ensure the ethical protection of research participants and researchers (approval no. 11-04-22-0070310). According to Babbie (2017), researchers must be aware of problems when conducting research with human subjects: informed consent, potential harm, anonymity, confidentiality, and deception. The participants'

professional, economic, and physical risks was deemed minimal. This study was strictly voluntary, and I ensured the confidentiality and anonymity of all participants.

I sought the Institutional Review Board's approval to use selected structured interview questions. They were presented to participants during interview. All ethical concerns related to recruitment was addressed promptly through the chair of my dissertation committee and the IRB. All possible participants had the same chance of participating in the structured interview. The participants were victims and witnesses of inner-city violence who agreed to (a) participate, and with the (b) informed consent, and completed the interview process. Participants received an e-mail containing an informed consent form, explaining the purpose of the study, how the information will be used and secured, the risks to participants, and the time estimated to complete the surveys. The participants returned the informed consent via e-mail to the researcher.

Ethical concerns surrounding data collection was addressed by making available the researcher's contact information, and the results of the study was shared with participants upon request via an executive summary. In this study a qualitative inquiry, I had no personal or professional relationships with any of the participants; therefore, I have no power over the participants. If there were any ethical issues applicable to this study such as researcher bias or power relationships with the participants, I would have immediately sought advice from my chair and IRB.

Data collected for this study will be kept anonymous. Personal anonymity is assured. All information was anonymous and classified. Everyone who participated will remain anonymous, even to the anonymous as to who participated. Protection for

confidential data included, how the data was collected from participants and stored electronically for 5 years in a password-protected database. The researcher, the chair of the dissertation committee and the university's IRB will have access to the data. Participants' responses were stored electronically in a password-protected database for five years, and at that time the data will be destroyed, and no paper copies are maintained. There were no conflicts of interest in this study, such as conducting this study in one's own work environment, conflict of interest, power differentials or un-justification for the use of incentives.

Summary

Chapter 3 included the rationale for using a qualitative design to expand Bank's (2018) study and to answer the research questions. This chapter included the research design and rational, the role of the researcher, methodology being used, issues of trustworthiness which included credibility, transferability, dependability, and confirmability strategies that I felt best fit this inquiry. The new interview questionnaire used was created by the researcher and directly related to key concepts of the study which focused on victims' access to criminal justice, social services, and mental health institutions to address their victimization. Chapter 4 included a comprehensive account of the data analyses. Finally, chapter 5 will contain the interpretation of findings, recommendations for action, implications for social change, limitations, areas for future research, and conclusions.

Chapter 4: Results

The purpose of this general qualitative study was to explore the barriers and success factors for victims of inner-city violence as it related to having access to public administration institutions in criminal justice, social service, and mental health care in Philadelphia. This study expanded on the research conducted by Banks (2018), which described, compared, and explored if there was a relationship between victims of urban violence and PTSD. Chapter 4 describes the setting of the study and the demographics of the participants. The data collection process and data analysis are also discussed to help describe the processes. A brief discussion on evidence of trustworthiness includes credibility, transferability, dependability, and confirmability. This discussion is followed by the results of the study and a summary.

Setting

I received IRB approval for this study on November 4, 2022. I started immediately seeking participants and followed the recruitment procedures outlined in Chapter 3. My intention was to interview participants in person at a library in Philadelphia with the exact location to be determined, using purposeful sampling, but due to COVID-19 protocols, I informed the participants that the interviews would take place via telephone and our interviews was recorded. IRB previously authorized this method as an alternative to in person interviews.

Demographics

The volunteer participants in this study ages ranged from 24 to 71 years of age (see Table 1). The participants were residents of Philadelphia, PA. for more than five

years when they were victimized or witness the violent act. In two cases, the victim and their family moved to another geographical location outside of Philadelphia Pa. after they were victimized. Eight of the participants reside or resided in North Philadelphia and two lived in West Philadelphia. Both areas were stricken with very low-income opportunities, poor housing, poverty, drug activity, violence and the residents are predominantly African Americans. Philadelphia's neighborhoods were divided into large sections, North, Northeast, South, Southwest, West, and Northwest which corresponds with the city's limits.

Each participant experienced huge barriers as it related to having access to public administration institutions in the criminal justice system. However, two participants revealed that they aggressively reached out to social service agencies and mental health care clinics for help from. This is significant because the other participants mentioned they had no idea that these services existed nor was informed. Consequently, after weeks of seeking participants, I interviewed seven female and three male participants.

Table 1

Demographics of Participants

Participants	Gender	Age
1	Female	37
2	Female	24
3	Female	56
4	Male	71
5	Female	50
6	Male	65
7	Female	29
8	Male	30
9	Female	25
10	Female	43

Data Collection

I struggled with getting participants to participate in this study through social media outlets during the first several weeks, although I offered a $15.00 gift card from Walmart department store. Finally, I identified 12 participants through purposeful sampling and snowballing strategy. Two individuals lost contact with me, which left a sample size of 10. The data collected was conducted over the phone, and the interviews were 25 to 30 minutes. The interviews were audio-recorded, and I made notes of key points.

The data collection process did not deviate from the proposed plan. Nor did the process encounter unusual circumstances. I determined that data saturation occurred after my 8th interview, the participants responses were repetitive. I conducted member checking during each interview for clarity of each response. Direct quotes from participants and other data were presented in tables, in addition discrepant cases was addressed in the results of this study.

Data Analysis

As described in Chapter 3, I used thematic coding to apply qualitative data analysis (see Saldana, 2016). I used Braun and Clarke's (2006) six steps to complete the thematic development of data analysis. Thematic analysis involved constantly moving back and forward between the entire dataset to develop coding. According to Braun and Clarke, writing is an integral part of analysis and is not something that takes place at the end but should begin in Phase 1 creating potential coding schemes and continue through the entire coding/analysis process.

Based on the small sample size I did not use any software programing to help organize the data as I created coding schemes. Therefore, I followed Step 1 of Braun and Clarke's (2006) guide by reviewing the data repeatedly to create familiarity. I created notes from each interview and coded the data. I looked for similarities or patterns in participants responses as I moved forward. I was able to identify some common codes and developed themes after listening to the audio recording and my transcriptions.

Step 2 of Braun and Clarke's (2006) thematic analysis focused on generating initial codes in a systematic fashion across the entire data set. The coding identified valuable information on the success and barriers that victims faced while addressing their victimization. The 10 codes were identified from the data with corresponding statements from the participants and the frequency that they were coded (Table 2). Discrepant cases were addressed in Step 4 of Braun and Clarke's thematic analysis.
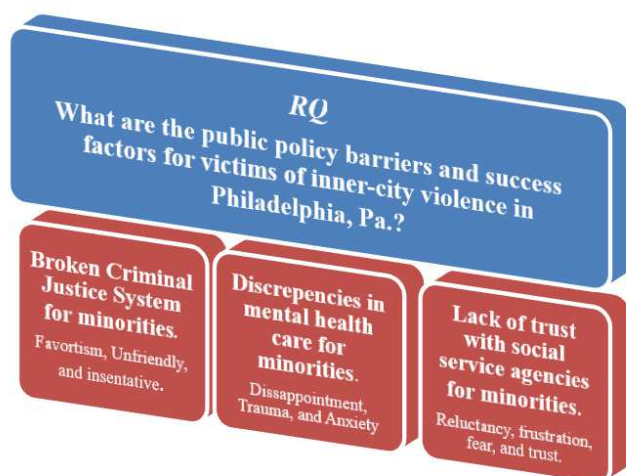
Table 2

Participants' Data Extract, Codes, and Frequency

Data extract	Code	Frequency
Participants mentioned when seeking the Criminal Justice System during the violent act it created reluctancy because of "the cops take their time coming to our neighborhood."	Reluctancy	6
Participants felt helpless during their victimization because the Criminal Justice System treated then as if the encounter was their fault and the "cops offered no help just took a report or called the paramedics."	Insensitive	8
Participants encountered huge financial burdens when seeking help from the Criminal Justice System, lawyers, attorney, and court cost.	Frustration	10
Participants who called mental health care institutions for help for themselves and their families were unable to sustain any long-term counseling because of lack of insurance.	Anxiety	8
Participants who witnessed death of a loved one, and those who were brutely victimized could not afford help from mental health care institutions.	Trauma	9
Participants who were sexually assaulted (raped) did not seek help from social service agencies.	Trust	4
Participants seemed upset because they felt if they were white people who were attacked then these systems would help them with their victimization.	Favoritism	10
Participants feared calling the cops "because they not goanna help us because we are black. They want us to kill each other."	Unfriendly	7
Participants feel entrapped, with in their community.	Fear	8
Participants felt that none of their overall needs were meet or addressed because of their color.	Disappointment	8

Step 3 of Braun and Clarke's (2006) thematic analysis included collating codes into potential themes. The data collected was condensed to formulate three themes: (a) broken criminal justice system (b) discrepancies in mental health care (c) lack of trust with social service agencies. The codes, categories and candidate themes are displayed in Figure 4.

Figure 4

Codes, Categories, and Candidate Themes

The process in Step 4 of Braun and Clarke's (2006) thematic analysis involved checking if the themes worked in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic "map" of the analysis. Table 3 describes the discrepant and nonconforming data collected. These data were not considered for creating a theme because few participants supported the data.

Table 3

Discrepant and Nonconforming Data

Data extract	Code	Frequency
Participants 3 and 4 mentioned the police showed up fast and let them view their son's body who was pronounced dead at the scene.	Satisfactory	2
Participant 2 mentioned that social service agency interviewed her after she was brutely raped.	Hopeful	1
Participants 1 was directed to Legal Aid to offset legal fees.	Progress	1
Participants 4 and 6 mentioned that they don't know if the police are good to some black people when at the scene of the crime.	Unknown	2
Participant 5 mentioned they are not sure if anyone's needs are ever met when addressing their victimization.	Unknown	1
Participant 1 mentioned that the Criminal Justice System will find and prosecute the assailant to the full extent of the law even though the victims are black.	Hopeful	1

Level 2 in the 4th step of Braun and Clarke's (2006) thematic analysis determined if the themes was appropriate or non-discrepant and conforming data. This phase had a devised set of candidate themes, and it is required to refine those themes (Braun and Clarke, 2006). It became evident that these candidate themes were not themes, there was not enough data to support them. The thematic map below visually displays the finalized themes supported by data (Figure 5).

Figure 5

Finalized Themes
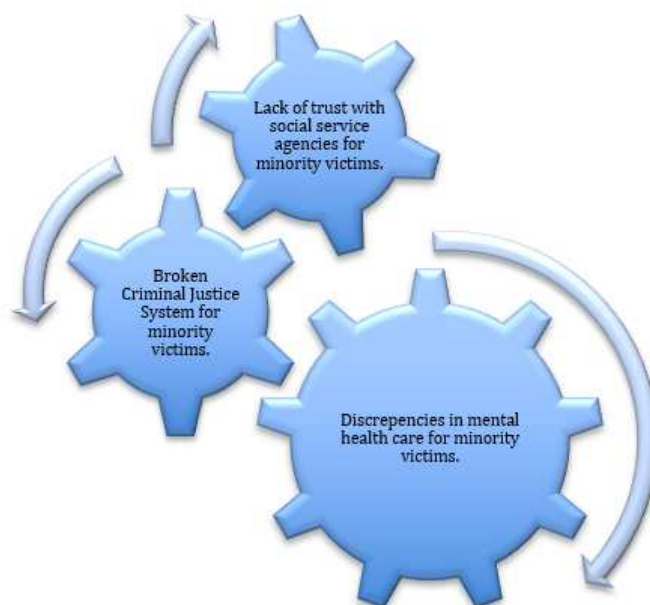
Step 5 of Braun and Clarke's (2006) thematic analysis was an ongoing analysis

that described the specifics of each theme, the overall story the analysis told, and

provided clear names and definitions of each theme (Braun and Clarke, 2006). The data

compiled from each participant described a clear depiction of their negative experiences

while addressing their victimization. I found enough data to support "broken criminal

justice system for minorities" as a theme. Participants expressed how the Criminal Justice

System showed the victims and their families insensitive, unfriendly, and negative

favoritism behaviors toward them.

The theme of "discrepancies in mental health care for minorities" also garnished

enough data to be named as a theme in this study. The disappointments, traumatic

experiences and anxieties that developed because of lack of help from mental health institutions created additional mental health challenges. The last-named theme "lack of trust with social service agencies for minorities" also produced compelling data that points to the victims reluctancy, frustration, and heighten fears to ask for help and the lack of trust with institutions.

Step 6 of Braun and Clarke's (2006) thematic analysis was the final opportunity for analysis. According to Braun and Clarke's (2006) the final analysis of selected extracts, related to the stated research question and literature, produced a scholarly report. The themes were developed based on the experiences of victims of inner-city violence and public policy issues. This study identified three themes that was coded from the participants responses.

<div align="center">**Evidence of Trustworthiness**</div>

Credibility

In Chapter 3 of this study appropriate strategies was established to create credibility (internal validity). Credibility was established through prolonged engagement understanding the phenomena through researcher triangulation, data saturation, peer debriefing, and member checking. This process provided a closer look at data collection and analysis interpretation based on multiple sources, methods, investigators, and theories that ensured credibility. In addition, reflexive journal note-taking, documentations, and scholarly thinking throughout the research process created credibility (Lincoln & Guba, 1985).

Transferability

In Chapter 3 of this study implemented transferability (external validity) strategies were described and used. The best strategy used that ensured conditions were going to be similar was through thick description. This process described procedures, context, and participants in sufficient detail to permit judgment by other researchers of the similarity to potentially replicate this study. In addition, reflexive journal practice also solidified transferability (Lincoln & Guba, 1985).

The nature of transferability, the extent to which findings was useful to persons in other settings, was different from other aspects of research in that readers determine how applicable the findings were to their situations (Polit & Beck, 2014). In this study I anticipated that the conditions were going to be similar enough to make findings applicable. This study established a rich, detailed description of the phenomena, the participants being studied, transparent analysis, and trustworthiness. According to Amankwaa (2016), researchers needed to provide a vivid picture that informed and resonated with readers.

Dependability

Dependability refers to the stability of the data over time and over the conditions of the study (Polit & Beck, 2014). In Chapter 3 implementation and adjustments to consistency strategies was described. This study demonstrated consistency throughout. All interviews were conducted via telephone, and the questions was asked in the same order to establish consistency. Strategies for dependability and consistency included maintenance of an audit trail of process logs and peer-debriefings with a colleague.

Process logs was researcher notes of all activities that happen during the study

and decisions about aspects of the study, such as whom to interview and what to observe

(Polit & Beck, 2014). Strategies to establish dependability in this study also included

reflexive journals. This allowed the taking of notes, and document thought process

throughout the research process. Moreover, audit trail was the most effective strategy to

establish dependability and consistency in this qualitative research study. Audit trails

promoted keeping records that included raw data, documentation of the process and

products, analysis, and synthesis, methodological process notes, reflexive notes, and

instrument development/piloting techniques if necessary (Lincoln & Guba, 1985).

Confirmability

Confirmability was the neutrality, or the degree findings was consistent and could

be replicated (Polit & Beck, 2014). I kept detailed notes of all decisions and analysis as I

progressed. In this study, notes were reviewed by a colleague; and discussed in peer-

debriefing sessions with a respected qualitative researcher. These discussions helped

prevent me from being bias and remaining open-minded. In addition, I conducted

member-checking with study participants (Polit & Beck, 2014). These strategies helped

me to establish confirmability, as I keep an open mind and documented any potential

sources of bias and authenticated the internal coherence of data, findings, interpretations,

and recommendations (Lincoln & Guba, 1985). The best strategy to establish

confirmability as established in Chapter 3 was to use the audit trail concept.

Results

The research question "*What are the public policy barriers and success factors for victims of inner-city violence in Philadelphia, Pa.*" was successfully answered, and the study's results were compelling (see Table 2). The experiences of the seven female and three male participants by and large were negative as they addressed their victiminazation (see Table 1). The most glaring fact to these negative experiences was due to the broken criminal justice system for minorities. This included the behavior of police at the scene of the crime, toward surviving victims and their families. The inability to obtain legal assistance to address their victimization, due to perceived racism, and guilt without having an opportunity to prove their innocence. The results of this study solidified the broken system the participants alluded too.

Criminal Justice System

The overwhelming consensus of the participants felt the criminal justice system toward African American victims was broken beyond repair. According to Bellafante (2018), victims of violent crimes have the right to reasonable, accurate, and timely notice of any public court proceeding, and any parole proceeding, involving the crime or of the release or escape of the accused. The victim had the right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding (Bellafante, 2018).

The participants mentioned when seeking branches of the Criminal Justice System during the violent act it created reluctancy because "the cops took their time coming to

our neighborhood." Participants felt helpless during their victimization because the criminal justice system treated then as if the encounter was their fault and the "cops offered no help just took a report or called the ambulance, they are very insensitive." We fear the cops "because they not goanna help us because we are black. They want us to kill each other, we are trapped in our own community." In addition, all the participants encountered huge financial burdens when seeking help from different branches of the criminal justice system, lawyers, attorney, and court cost which caused frustration to set in.

Mental Health Care

Violent crimes have a devastating effect on victims and their families, and they need mental health care while coping with the impact of severe victimization. Emotional and behavioral reactions to being violently victimized was normal and in most cases were to be expected. For most, stabilization will occur within 90 days of the victimization. However, some individuals may lack the coping skills and post-trauma resilience for an unassisted return to pre-trauma functioning (Herman, 2016).

The participants who called mental health care institutions for help for themselves and their families were unable to sustain any long-term counseling because of "lack of insurance which made us angry and very anxious." Participants who witnessed death of a loved one, and those who were brutely victimized said "we could not afford help from mental health clinics which caused more trauma."

Social Service Agency

In what ways did social service agencies help victims of inner-city violent crimes? Were the victims of inner-city violence aware that social services agencies provided a range of public services intended to provide support and assistance towards groups, which commonly included the disadvantaged (Julian, 2020). Some of the participants was aware of social service agencies, but unfortunately there was a major lack of trust from the victims toward these agencies. Gibelman (2005) pointed out that social service agencies promoted the health and well-being of individuals by helping them to become more self-sufficient; strengthening family relationships; and restoring individuals, families, groups, and communities to successful social functioning in the aftermath of a violent crime.

Participants who were brutally sexually assaulted (raped) did not seek help from social service agencies because "we don't trust them." Participants were upset because they felt "if they were white people who were attacked then these systems would help us with our problems, they show favoritism." Finally, most of the participants felt that "none of their overall needs were meet or addressed because of their color, so disappointed."

Discrepant Cases

A few cases existed where an individual responded completely differently from the overwhelmingly majority. Participant mentioned that the police showed up fast to the scene and let them view their son's body who was pronounced dead. Another response mentioned that the criminal justice system would find and prosecute the assailant to the

full extent of the law even though the victims are black. In addition, one participant mentioned that they were directed to Legal Aid to offset legal fees.

There were unknown cases where the participants answered were not sure, or they did not know. Very few participants supported this data. The research question was answered with conclusive results. The participants described several barriers that the victims faced while seeking help from public policy institutions such as the criminal justice, social service agencies and mental health clinics while addressing their victimization.

Summary

In Chapter 4, I briefly reviewed the purpose of this study and the research question. The setting was described along with the demographics and characteristics relevant to this study. Data collection and analysis was presented and there were no variations from the plan presented in Chapter 3. There was evidence of trustworthiness implemented into this study, which included credibility, transferability, dependability, and confirmability. Chapter 4 also included the results of the study and summary.

The overall themes and findings were in concert with the literature explored in Chapter 2 of this study. The overall themes related to was there a relationship between victims of inner-city violence and public policy. The findings of this study clearly indicated that there was in-fact a broken relationship surrounding victimization and public policy. Interestingly enough a few discrepant cases did exist but there was not enough data to create them as a theme in this study. Those discrepant cases indicate that some positive outcomes regarding victimization had existed.

In Chapter 5, I reiterated the purpose and nature of this study and why it was conducted and summarized key findings. I also confirmed or disconfirmed knowledge in the discipline by comparing what has been found in the peer-reviewed literature found in Chapter 2. I described the limitations of the study, recommendations, the perceived implications, and my conclusion.

Chapter 5: Discussion, Conclusion, and Recommendations

The purpose of this general qualitative study was to explore the barriers and success factors for victims of inner-city violence as it related to access to public administration institutions in criminal justice, social service, and mental health care in Philadelphia. This study brought attention to violence that frequently occurs in inner-cities, particularly Philadelphia. This study also highlighted the success or lack thereof and barriers that victims faced when addressing their victimization. The key findings from this study were that victims of inner-city violence found a broken criminal justice system, discrepancies in mental health care, and lack of trust with social service agencies as they addressed their victimization.

Interpretation of the Findings

The findings of this qualitative study confirmed the peer-reviewed literature in Chapter 2. The findings confirmed that there were broken public policy systems as it related to minorities. The codes, categories and candidate themes all displayed negative experiences. The data collected were condensed and formulated three themes, (a) broken criminal justice system (b) discrepancies in mental health care and (c) a lack of trust with social service agencies. The results of this study addressed the literature regarding victims of inner-city violence, PTSD, and their access to public administration institutions that addressed their victimizations. The findings in this study expanded the knowledge in the peer-reviewed literature in Chapter 2. The findings indicated that minorities had a difficult time gaining access to public policy institutions as it related to criminal justice, social services, and mental health care. But the literature in Chapter 2

indicated that a small number of researchers focused on the relationship between victims of inner-city violence, PTSD, and public policy (Raman et al., 2021). Despite risk for trauma, subsequent mental health concerns, and poor health outcomes, young Black/African American men are less likely to receive mental health services than other racial/ethnic groups (Bauer et al., 2020). The findings in this study also expanded on the knowledge in the discipline found in the peer-reviewed literature described in Chapter 2 by describing alternatives as major themes from the literature. Despite the growing literature on resilience, there is less information on relationships between resilience, risk behaviors, and use of mental health services (Bauer et al., 2020).

There were no differences between the findings and themes in this study based on the demographic data compiled. The participants' demographics encompassed low-income opportunities, poor housing, poverty, drug activity, violence, and the residential areas were predominantly Black. All the participants had similar if not the same experiences with having access to public administration institutions to address their victimization despite the victims or witness being victimized in different ways.

Self-Efficacy Theory

The results of this study corresponded with the self-efficacy theory. Self-efficacy theory as it was defined was a challenge to the participants in this study. The four components that affected self-efficacy was (a) mastery of experiences (b) social model experiences (c) social persuasion and (d) stress reactions. The participants demonstrated though the interview process their experiences was predominantly negative, which hindered their ability to produce designated levels of performance that exercised

influences over events that effected their lives. Self-efficacy theory enabled me to increase the understanding of human accomplishments and well-being in different ways.

Limitations of the Study

Several limitations were identified that focused on trustworthiness during the execution of this study. Although the methodological strategies did not include an instrument fee, a $15.00 Walmart gift card was offered to the participants associated with my data collection process. As the participants described their experiences addressing their victimization, they relived emotions over the phone during the interview, which did not limit their responses. I interviewed three rape victims, three surviving gunshot victims, and four witnesses of their children being shot to death. As the researcher I had to remain neutral although my niece was murdered by gun violence. I addressed any biases toward the study topic before collecting any data to ensure clarity of their responses. I remained open-minded and nonjudgmental throughout the data collection process.

Recommendations

I recommended that further research is conducted based on the strengths and limitations of my study as well as the literature reviewed in Chapter 2. Further research could be conducted in another large city with a reasonable balance of racial population. This would lead to different results as it was related to public policy and violence. I would also recommend using a quantitative method to capture a broader sense of how this population copes with public policy and victimization.

I also recommend that further research is conducted on parenting, violence, PTSD, and public policy. The empirical literature in Chapter 2 showed increased evidence that a relationship exists between PTSD and military families experiencing parental changes (Chesmore et al., 2018). This would ensure results that would help understand the residual effects of victimization and public policy.

Implications

The results of my study have positive social change implications at the individual, family, societal, and public policy levels. Providing the study's results to decision-makers on all levels would start a much-needed dialogue. In addition, on the organizational level the study's results would inform the staff that the target population had no knowledge or confidence in using social services to address their victimization. Once that dialogue is conducted there is the potential for the start of positive social change. The victims and their families have been suffering and struggling to address their victimization, and the disseminating the results of this study to the appropriate organizations has the potential for positive social change.

Conclusion

This study was conducted to explore public policies and victims of inner-city violence. This study led to meaningful inferences from the data recorded during the interview process. I established credibility, transferability, dependability, and confirmability to draw these inferences (see Bernard, 2018). To many of the victims of inner-city violence who addressed their victimization, with public institutions, there seemed to be a sense that no solution was in sight. The results of this study established

credibility ensuring the understanding of the phenomena and that dialogue with families,

public institutions, law enforcement agencies, churches would create federal and state

grants to address victimization.

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Appendix: Demographic Information and Interview Guide

Instructions: Please complete this form honestly to ensure the success of this research.

Thank you for your participation! All information provided will be confidential.

1. How many years have you resided in Philadelphia, Pennsylvania?

__Less than one year

__2 – 5 years

__ 6 – 10 years

__10 years or more

2. Which area of Philadelphia, Pennsylvania do you reside?

_____

3. What is your gender?

__Female

__Male

__Non-binary

4. Which category below represents your age?

__ 18-29

__ 30-39

__ 40-49

__ 50-59

__60 or older

Interview Guide

You were invited to participate in this interview process because you were the victim of

or witnessed a violent crime in Philadelphia Pa. The following interview guide will help

answer the question what was your barriers or success factors while trying to obtain

adequate criminal justice, social services, and mental health care from public

administration institutions to address your victimization?

1. What actions did you take to contact representatives from the Criminal Justice System to address your victimization?

2. What if any resources did a representative from the Criminal Justice System offer you and your family to help with your victimization?

3. Did you report your victimization to mental health care clinics, and if so, how?

4. What actions did you take to contact social service agencies that could help you and your family with your victimization?

5. What kind of barriers or unexpected financial problems did you encounter when seeking help from social service agencies to address your victimization?

6. What were the barriers or financial burdens you encountered when reporting to the Criminal Justice System that you were the victim of inner-city violence?

7. How did you seek help from any mental health care clinic to address you and your family's mental state because of being the victim of inner-city violence?

8. What kind of problems or financial burdens did you encounter when seeking help from mental health care clinics to address your mental state?

9. What services did the agencies you contacted for help provide?

10. How were your needs met with the Criminal Justice System, social service agencies and mental health care clinics while addressing your victimization?