Annotative Bibliography
Research on the Needs of Non-Fatal Gun Violence Victims
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Search terms

- Interpersonal violence, assault, trauma victims, shot, shooting, gun, firearm, weapon, gun injuries, gun violence, gun wounds
- AB ((victim OR survivor OR patient OR client) AND (gun OR firearm OR shoot* OR shot)) AND AB needs AND (nonfatal OR injuries OR wounds)
- (victims OR survivors OR clients OR patients) AND (intitle:guns OR intitle:firearm) AND ("needs")
- Included medical studies that have a large portion of gun violence victims in them (i.e. overall topic is “interpersonal violence” victims, including firearm)
- Included interviews with victims, service providers, families; included record data analysis
- Some longer term research may also shed light on what’s important to address immediately (i.e. PTSD, preparing for living with disability, financial)

Original studies

Summarizes Needs Research

Mass Shootings/Active Shooters

Other Screening Tools

Background Research

Original Studies


Open-ended interviews with 16 gun violence survivors, results grouped into 4 themes: 1) “gun violence was not an extraordinary event but simply an ordinary occurrence...[one participant] believed that violence was always present and people learn to adapt.” 2) Lack of support from institutions - public safety, government, social services, school, extracurricular activities (no expectation of help, more people carrying guns to protect themselves); 3) poverty leads to gaps in education, leading to lack of employment options (incarceration history expected); 4) negative psychological impact and behavior changes (fearful, hyper-vigilant, feeling unsafe, reluctant to leave home, unable to share their experiences with family, isolated from social life). Additional needs voiced by participants: “having difficulty with housing, education, and employment...feelings of powerlessness and hopelessness...could identify no strategies to improve their lives.” Author advocate for stricter gun laws/reducing ease of access, targeted PTSD interventions, improved living conditions, and consistent law enforcement that hears complaints.

OF 459 participants in Wrap Around Program included in study, 280 were gunshot wound victims. Table 2 & 4 cover needs identified and met by program: “the most common needs identified were mental health services (51%), victim-of-crime (VOC) state financial compensation (48%), and employment (36%) (Table 2). Wraparound was most successful in meeting clients’ VOC and visa needs....The needs with the lowest rates of being met were attainment of employment and driver’s licenses.” The study also looked at relationships between needs and future re-injury (needs for housing, education, court advocacy, and driver’s license predicted increased risk of re-injury): “[education] may be a truly modifiable risk factor within our current framework”


Interviews with 7 Child Life Specialists who worked with children, adolescents, and their families victimized by gunshot wounds; they said needs of this group include: knowledge (about medical procedures, about injuries), emotional supports (getting to know them, feelings of safety, support for life changes), support with relocation and monetary resources

Related, interviews with community organizations and family members: Charles-Ford, S. (2014). Improving Post-Incident Trauma-Informed Care for Drive-By Shooting Victims/Survivors by building Collaborative Leadership Systems Among Agencies and Their Clients (Doctoral dissertation, Fielding Graduate University): “Bringing attention to the personal trauma suffered as the result of drive-by shootings may inspire improved future changes in trauma-informed services. Such social change is a slow process, but creating hope for our children and communities is seen as important by all interviewees”


Interviews with 11 rehabilitation professionals about barriers to recovery, like lack of information about resources, access to job training, peer support, and accessible housing. *** I don’t have access to full-text


Tracked firearm owners’ actions after gunshot wounds; non-firearm owners mostly did not purchase firearms; firearm owners may increase their safety behaviors or take actions that may increase likelihood of future re-injury (carrying firearm all the time). Recommends interventions related to encouraging victims to increase their firearm safety behaviors (secure storage, etc.)

**I don’t have access to this, abstract only talks about fidelity of implementing intervention, and discusses difficulty of fidelity because of unique aspects of clients’ needs. One subject heading makes this look promising: Critical Time Intervention (i.e. this hospitalization may be a time of transition, when victims may be open to making changes in their lives, which other articles mentioned about importance of hospital interventions and need to provide tools that can be used immediately (i.e. breathing techniques for dealing with stress, dedicated case management support for navigating complex systems)


Based on focus groups with practitioners, identified needs for effective service provision/motivating professionals working with victims of violence: “narrative that demonstrates hope and a pathway to healing” – concrete examples of interventions/practices working (“change is possible and replicable”); need to see youth as individuals, with unique, immediate needs (not pathologizing based on race or larger systemic challenges; no “blanket statements” or emphasis on the only solution) AND consider youth’s lives beyond services needs/violent experiences; need for flexibility in organizational practices; identify shared values/empathy between practitioners and youth (report includes outreach poster/handout examples of more effective messaging)


Interviews with 20 Black men about their experiences of gun violence and recovery: “participants discussed a range of risky behaviors and maladaptive strategies to recover their sense of safety.” Themes included: isolation (reducing social ties, restricting where they went/staying home), protection (arming themselves, loss of feeling of safety/respect), aggression (being more willing to use guns in resolving conflicts), normalcy of violence, and barriers to mental health treatment (need for credible messengers with lived experience).

Additional themes in future analysis: “strained relationships between the community and police, traumatic experiences within the hospital, the important role of social media, childhood traumatic experiences, the availability of firearms within the community and attitudes towards firearms”


Interviews with 10 first-time gunshot victims without previous hospitalization about their self-described needs for post-discharge resources. Describes needs from medical profession/hospitals (respect, clear communication) and challenges with Chicago PD (need for prompt medical attention, not interrogation, when victims fighting for their lives). After
discharge: challenges with transportation/mobility, being able to choose the right educational path without wasting money/time. Need for community programs to prevent violence/engage youth, emotional challenges (lack of trust in others, feeling unsafe in community, hypervigilant) physical challenges (inability to fight back or get away fast with injuries). Needs for mental health counselors outside of hospital (and for family and friends to access therapy), follow-up (proactive) communication from medical staff/social workers, transport to hospital, need for closer trauma and rehab centers, need for information for taking care of health/managing pain (step-by-step, how long recovery can be expected to take), help with insurance and finance paperwork. Research limitations noted: “social media sites like Facebook, Twitter, and Snapchat have not only changed the way people communicate and engage with each other, but they have become a gateway for starting and fueling violence in marginalized communities. To implement effective interventions, it is imperative that future research aims to better understand the nature of these interactions.”


- See also about transportation alternatives to overcome barriers to healthcare access (i.e. private Uber to get to appointments, instead of public transportation that may expose victims to additional violence): Richardson, J. B., Jr, Wical, W., Kottage, N., Galloway, N., & Bullock, C. (2020). Staying Out of the Way: Perceptions of Digital Non-Emergency Medical Transportation Services, Barriers, and Access to Care Among Young Black Male Survivors of Firearm Violence. The Journal of Primary Prevention. https://doi.org/10.1007/s10935-020-00611-2

Richardson, Joseph; Bullock, Che. (2019). Life After the Gunshot: A Research-to-Practice Fellowship Project. University of Maryland for the Center for Victim Research, Victim Research-to-Practice Fellowship Projects, 2018 cohort, 7 pgs.

Interviews and focus groups with Black male survivors of gun violence. This study supports findings from other studies about gun violence victims and their histories of incarceration/criminal justice involvement. Criminal justice involvement is often linked to trauma and bars access to legal employment and reluctance to seek system-based services, increasing chances of criminal recidivism. Recommendations: hospitals and violence intervention specialists “address traumatic stress related to the recent injury but also the traumatic stress experienced over the life-course”; need for partnerships between probation, parole, and reentry programs and hospital violence intervention programs (HVIPs). More research needed on HVIPs, challenges and best practices of the Violence Intervention Specialist in reducing trauma and criminal recidivism. See trailer for forthcoming film of survivor interviews: https://www.lifeafterthegunshot.com/


Barriers to service: negative histories with services like law enforcement, social services, and healthcare; stigma of asking for help (appearing weak/showing emotions, services geared toward women and children); lack of representation (race, ethnicity, gender) in staff; programs/services not adaptable by time, location, format. Needs: staff with lived experience who demonstrate consistency and care; safety plans that allow survivors define what safety looks like for them; person-first language (rather than victims/survivor, perpetrator); asset and strengths-based; identify support network.


Screened patients based on high-risk for reinjury (physical signs, social cues, emotional volatility). After screened into wrap around program, needs assessment conducted at bedside. Of the study’s 234 high-risk victims, 184 were gunshot victims (39%). Table 2 lists surveyed victim needs—Mental Health, Education, Housing, Employment, Court Advocacy, Other. Based on attrition rates (clients who were not re-injured over 6 years), components most important for patients at high-risk for re-victimization were individualized, focused care (3-6 hours a week of case management within first 3 months), mental health treatment, and employment.


Based on survey and focus groups with service providers: “Limited participation also was seen from providers who work directly with homicide survivors (21 percent) and victims of gun violence (17 percent), impaired driving (14 percent), and gang violence (13 percent).” Grouped needs by basic needs (shelter, safety, food, utilities, life skills), presenting needs (related to safety: mental health, physical injuries, medical care, longer term housing, and civil legal assistance, substance abuse), and accompanying needs (ability to access services – translation, case management, child care, transportation). Builds on earlier survey of victims, where violent crime victims listed their top 3 needs: counseling (40%), civil legal assistance (30%), and mental health services (28%) (Aeffect,Inc. (2017). 2016 Victim Needs Assessment. Chicago, IL: Illinois Criminal Justice Information Authority.)

Summarizes Needs Research

Summarizes research on multiple types of gun violence, including gun injuries, exposure to gun violence; youth and gun violence, domestic violence survivors, and hate-based violence. Impacts include psychological trauma (depression, anxiety, PTSD; severe depressive symptoms more likely for patients with retained bullets compared to patients with bullets removed); half of gunshot patients are released with some disability. Report estimates economic impact, covering survivors’ and caregivers’ productivity loss & lost wages to healing immediate medical needs.
and ongoing pain/health management and appointments, as well as immediate and lifetime medical costs. Many survivors will likely drug and alcohol abuse; challenges in school performance (difficult to focus, reading, lack of trust in teachers; criminal activities); lost feeling of safety in communal places (religious assemblies, nightclubs).


- Includes section summarizing research on needs of gun violence victims: medical care (surgery, physical therapy, occupational therapy); criminal justice and legal advocacy (reminders on court dates and help getting to court, preparing witness impact statements; connections to attorneys); mental healthcare (“symptoms that can interfere with daily living”); preventing revictimization/retrial (treating trauma responses about need to protect self/respond to threats), direct case management (connection between multiple services; efficiency; accountability that services are individualized, culturally responsive, accessible), housing accommodation (safety/witness protection; affordable, accessible to accommodate disability). Also summarizes research behind common interventions, like hospital-based violence intervention programs and gun violence victim services. Page 16 has a table laying out needs of gun violence victims that are VOCA-eligible. See also case study from Illinois on Trauma Recovery Center Grant (pg 19).


Research on relationship between patients with firearm injuries and their arrest record before and after hospitalization. Also summarizes research on intervention components to interrupt cycle of violence: “Emergency department and hospital-based interventions may provide important opportunities to effectively reduce the risk for subsequent violent crime perpetration. Such interventions typically include components to improve self-esteem; social competence; and skills related to conflict resolution, anger management, and problem solving. These interventions can also address comorbid behaviors, such as drug or alcohol use. Cites:


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Needs of Gun Violence Victims 8
Scoping review of 16 studies evaluating outcomes from hospital violence intervention programs; discusses the need for a risk assessment tool to screen for patients who would most benefit from such programs (SaFETy and VRRAI are two mentioned, as well as which domains should be included for a “yet to be developed” tool).

**Mass Shootings/Active Shooter**  
The National Mass Violence & Victimization Resource Center, 18 pgs.

Results of focus group of VOCA Admin/Compensation directors whose states had experienced mass violence events. Section on Most Significant needs of Mass Violence Victims and Witnesses: “victims ‘need a sense that somebody is in charge’...separate toll-free telephone lines for victim and survivor assistance, versus crime tip lines...culturally competent (interpreters and language translation services; and recognition and validation of “communities” that are directly impacted, (i.e., LGBTQI, multi-faith community members, etc.).” Includes list of 22 most crucial needs, top 5: “where to go and where not to go for help”; medical care; basics: shelter, food, clothing, safety; accurate/official information (about mass violence incidents, victims’ rights, the case); how to locate loved ones.

Fissel, Erica; Murray, Zachary. (2020). *Orlando United Assistance Center: Assessing the Needs of Those Impacted by the Pulse Nightclub Tragedy*. Orlando United Assistance Center and University of Central Florida, 23 pgs.

Survey of mass shooting survivors, section on most frequently used services (implying needs) and the timing of accessing those services: “the most frequently utilized service offered by the OUAC was mental health, with 83.72% (n = 36) indicating they have used this type of service. This was followed by financial assistance (48.84%, n= 21), transportation assistance (20.93%, n=9), financial stability services (18.60%, n= 8), health care (18.60%, n= 8), legal services (16.28%, n = 7), employment services (9.30%, n = 4), community events (4.65%, n= 2), and help with immigration (2.33%, n = 1). Of those 43 respondents who indicated that they had used services, the average number of service types used was 2.2, thus suggesting that the OUAC was able to assist with multiple needs.... Some interesting trends emerged when assessing when the impacted community utilized each service. Perhaps of greatest importance is the observation related to mental health services, which reflects trends from other communities impacted by mass tragedy and is supported by empirical research. Specifically, the data reveal that there was a slightly delayed use of mental health services. This delayed onset has been shown to be caused by maladaptive coping strategies such as avoidance and rumination (Littleton, 2011). There also appears to have been a spike in use of financial assistance 1 month after the incident up to six months after.”


Meeting victims’ psychological needs from expert panel for professional who treat mass violence and disaster victims: “We identified five empirically supported intervention principles that should be used to guide and inform intervention and prevention efforts at the early to mid-
Needs of Gun Violence Victims

10

term stages. These are promoting: 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) hope.” **I only have abstract access


Summarizes psychological needs for primary and secondary victims of school shootings at different stages (at the event, when looking for family, finding family, recovery)


Measures resource loss (psychosocial resources (e.g., feeling valuable to others, time for adequate sleep, sense of humor) and employment-related resources (e.g., stable employment, understanding from your employer/boss)) and resource loss’s prediction of trauma symptoms immediately following mass violence and 8 months after. “On average, participants reported some loss of 4 of the 16 types of resources assessed. The most frequently reported lost resources were: motivation to get things done (52%), time for adequate sleep (50%), feeling that your life is peaceful (47%), and sense of optimism (40%).”

Other Screening Tools


Addressing immediate psychological symptoms, using plain language, allowing room for personal resilience and example that change is possible; individualized: “the goal of START is to meet the person where they are and provide relief for whatever trauma symptoms are most bothersome to them. As detailed below, 95% of the 302 people with whom we have piloted START suffer from at least one trauma-related symptom.” Tool is informed by clients themselves (needs for “timeliness, transparency, trust-building, agency, healing is for everyone, focus on future/lives beyond trauma (intervention does not focus on bringing up past trauma, because practitioners assume participants already experienced trauma), language/word choice, strengths-based.
Needs of Gun Violence Victims


Two-session screening and motivational interview intervention for discussing young patients’ alcohol use and violence exposure; participants noted they were glad they had the chance to participate; follow up after discharge reported decreased violence; challenges include difficulty of staffing/coverage, language barriers, not able to offer second session (difficulty of getting ahold of participants after discharge)


Working on instrument to capture young Black men’s experiences of violent victimization (not yet available)

**Background Research (Prevalence, Costs, Injuries, CJS cooperation)**


Background about multiple types of victimization/history of violence exposure: “The rate for lifetime exposure to shootings (including hearing gunshots as well as seeing someone shot) was 16.8 percent for the oldest group of youth (ages 14–17), but the rate for exposure to warfare was only 2.0 percent...Altogether, 57.7 percent of the children had experienced at least one of five aggregate types of direct or witnessed victimization in the year prior to this survey...Exposures to multiple types of violence were also common...Exposure to one type of violence, crime, or abuse increased the likelihood that a child had exposures to other types as well.”


Analyzed police records of 1,091 nonfatal shooting victims from Indianapolis and St. Louis and coded for different characteristics. Male victims, victims involved in a dispute, victims in drug-related incidents, and victims living in poor communities were less likely to cooperate with police. Older victims, robbery victims (especially nonwhite robbery victims), and white victims with severe injuries are more likely to cooperate.

> Not sure if this is relevant for police grant, but discusses trauma triage scoring for who gets what care/severity of injury and need for surgeon. Compared to other penetrative injuries, **firearm victims are at higher risk of severe injury and mortality** **I only have access to abstract**


> Compares data on healthcare costs and utilization before and after firearm injuries, for Illinois, Texas, Oklahoma, New Mexico, Montana Blue Cross Blue Shield plan holders. Averages emergency department healthcare costs, total healthcare costs: “Compared with the 6 months before the index firearm injury, in the 6 months after it, per-member costs for those with an index firearm injury (including costs from the day of the injury) increased on average by 347% (from $3,984 to $17,806 per member) for those discharged from the ED and 2138% (from $4,118 to $92,151 per member) for those hospitalized.”


> Part of community health needs assessment, on the prevalence of “everyday” gun violence in poor communities: hearing gunshots, family and friends harmed or killed by guns, witness to gun violence (and relationship to different characteristics)