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Victims of Gun Violence: The Trauma Reactivity They Experience

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Introduction

Victims of non-fatal violent crime often experience a variety of mental health-related challenges post-victimization. The mental health-related challenges victims most commonly experience are depression, complicated grief, anxiety, substance abuse disorders, acute stress disorder (ASD), and post-traumatic stress disorder (PTSD) (Guay et al., 2019). Despite these challenges, victims are often made to return to their lives without receiving any formal evaluation or support for their mental and physical health needs (O'Neill et al., 2020). Although there is limited research on the topic of gun violence and mental health outcomes after victimization, extant literature demonstrates possible linkages (Magee et al., 2022; Smith et al., 2020; Vargas & Hemenway., 2021). Similar research has also indicated that providing victims with care post-victimization allows them to pursue constructive means for dealing with any mental challenges (Hink et al., 2021; Rheingold & Williams, 2015; Smith et al., 2020). Empowering victims and offering them supportive autonomy can lead to more positive transitions back into society.

The purpose of this paper is to further elucidate the complicated reality of being a victim of non-fatal gun violence, specifically, through the lens of mental health.

Mental health and trauma experienced by victims

Research has shown several different mental health outcomes may manifest as a result of gun violence victimization (Guay et al., 2019; Kagawa et al., 2020; Magee et al., 2022). Adult victims have been found to exhibit signs of several different disorders which include post-traumatic stress disorder, stress and anxiety disorder, depression and mood disorder,

substance use disorder, and acute stress disorder (Guay, 2018; Magee et al., 2022; Vella et al., 2019). Victims may also experience other forms of psychological distress such as suicidal ideation and psychotic experiences (Smith et al., 2020).

Barriers to receiving mental health support

Finances

Even if a victim has healthcare, there are a number of medical costs which they can be burdened by (Hink et al., 2021; Rosas et al., 2021). For example, depending on their injuries, medical bills may exceed $100,000 (Rosas et al., 2021). For many, finances are a significant barrier to exploring care (both mental and physical) post-victimization.

Interpersonal concerns

Consider also the many individuals, having been victimized in their own homes or immediate neighborhoods, who have to return to and live in the same spaces as their violent victimizations and how triggering this must be (Patton et al., 2019). Due to the anxiety associated with returning to the community, some victims have been found to isolate themselves from certain people, neighborhoods, streets, and businesses as it is too difficult to continue with their previous relationships or form new ones (Hink et al., 2021; O'Neill et al., 2020). Still others self-isolate completely and only stay at home (O'Neill et al., 2020).

Victims also often struggle with worries, or their families being violently attacked again (Patton et al., 2019; Rheingold & Williams, 2015). To this end, victims of firearm violence frequently exhibit distress at a higher rate than victims of a violent crime with a weapon (other than a firearm) or without a weapon (Kagawa et al., 2020). Some victims feel they have lost

protection in their communities and have considered carrying or have begun carrying a gun to provide a sense of safety (O'Neill et al., 2020).

Despite many victims having trauma and/or disorders, more often than not, they go untreated as they do not follow through with treatment due to high costs or cultural differences that veer victims away from treatment (Henry et al., 2020; Ranney et al., 2020). For example, Black and Hispanic victims are less likely to participate in mental health treatment due to cultural stigma about mental health and treatment (Henry et al., 2020). Other victims reside in communities where violence is unfortunately a part of everyday life and therefore has made residents numb to its exposure (O'Neill et al., 2020). This numbness, especially to gun violence, can occur when victims are living in communities where gun violence regularly occurs and no longer feels like a significant experience (Hink et al., 2021). Under these circumstances, victims may not recognize their past as a truly traumatic one that will negatively impact their mental health, which leads them to dismiss treatment.

Cultural awareness

There are victims who feel that when a therapist does not align with them demographically, that trust cannot be built up (O'Neill et al., 2020). There is also worry about professionals not understanding the trauma that the victim has experienced due to a lack of personal experience with gun violence or knowledge of the conditions in which they live (Hink et al., 2021). Victims have shared their desire for a professional who is a "credible messenger" given their shared cultural backgrounds or experiences (O'Neill et al., 2020, p. 32). Being able to connect with the provider can allow victims to feel comfortable sharing whilst simultaneously making them feel that their experiences, trauma, and circumstances are

understood. In this way, victims can get what they need out of therapy and feel their needs are being met in all aspects. The mental health challenges victims experience can be isolating whether they are receiving treatment or not. Treatment, however, can allow them to understand their trauma, triggers, and how to cope with their experiences.

Forming treatment for victims

No two victims are the same. Research indicates that individuals may require a specifically formulated treatment to best address their mental health needs due to the trauma they have experienced (Schauer et al., 2007). Cognitive-behavioral therapy (CBT) and CBT with a significant other (CBT-SO) have been found to help with PTSD in some cases, and then eventually help with any symptoms they may experience again (Guay et al., 2019). There have also been studies finding that CBT and CBT-SO can help victims who experience ASD. Additionally, cognitive processing therapy (CPT) has also been found to help PTSD as well as depressive symptoms that victims experience (Guay et al., 2019). With victims that have substance use disorder (SUD), there has been a version of CBT that is available as treatment (CBT-SUD). This treatment has been effective in reducing substance use and can be easily implemented in treatment centers (Kraanen et al., 2013). Overall, individuals who engage these treatment types have exhibited fewer symptoms of depression, offering support for the notion that tailored mental health responses can provide victims with long-term benefits (Guay et al., 2018).

Conclusion

Victims can suffer from several mental health related challenges because of non-fatal gun violence. Many of them experience isolation and continue to encounter other health

consequences as well. When it comes to treatment, CBT has been shown to be effective in treating PTSD, ASD, and SUD (Guay, Sader et al., 2018, Guay, Beaulieu-Prévost et al., 2019; Kraanen et al., 2013). Increasing the availability and accessibility of these treatments can help victims both in the short- and long-term. Moreover, it is important to offer support for overcoming the interpersonal, cultural, and financial barriers facing victims as they seek out mental health support post-victimization.

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