

**PSYCHOSOCIAL RISK FACTORS FOR CYCLICAL URBAN
VIOLENCE**

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ABSTRACT

Violence is a pervasive public health issue that disproportionately affects certain populations, particularly young black males in urban settings. Though this population experiences higher rates of violent victimization and perpetration, race should not be analyzed as an isolated variable. The social disorganization theory posits that social, cultural, and structural environmental factors shape a person's behavior; this theory would suggest that higher rates of violence in young black men can be attributed to environmental factors rather than intrinsic traits like race. Young black males in urban settings experience high rates of poverty and institutional oppression, which primes these communities for excessive psychological trauma. The lasting effects of trauma, through Adverse Childhood Experiences and post-traumatic stress disorder, increase a person's risk of violent victimization and perpetration, creating a cycle of violence in the community. Likewise, the high rates of firearm ownership create more opportunity for violent confrontation, especially in impoverished areas where joining a gang is perceived as one of the only options for economic and social survival as per the "Code of the Street." In order to alleviate the burden of violence on this population, the root causes of violence, such as socioeconomic inequity and under-resourcing of disadvantaged communities, must be addressed by providing appropriate social services to those whom are most affected.

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CHAPTER 1

INTRODUCTION

Violence has become an increasingly pervasive public health issue in the United States. According to the Federal Bureau of Investigation (FBI), in 2019, over 1.2 million violent crimes occurred nationwide, making the rate 366.7 violent crimes per 100,000 people (FBI 2019). With that, the Center for Diseases Control and Prevention (CDC) reports that there were 1.4 million assault-related emergency department visits and over 26,000 homicide-related deaths in 2021 (CDC Wonder). Of note, these figures do not include the non-fatal assault related injuries that are treated at home without documentation or trip to the emergency department.

However, defining violent victimization as sexual assault, robbery, aggravated assault, or simple assault, the U.S. Department of Justice's Bureau of Justice Statistics states that the rate of violent victimization has been decreasing over the past several decades. From 1993 to 2021, violent victimization rates have decreased from 79.8 victimizations per 1,000 to 16.5 per 1,000 in persons age 12 or older (Thompson & Tapp, 2022).

Though there is a national downward trend in violent victimization, not all populations are affected by violence equally in the U.S. Specifically, young black men are disproportionately affected by violence when compared to their white counterparts. According to the CDC, in 2018-2021, homicide was the leading cause of death in non-Hispanic black men and boys aged both 15-24 and 25-34 (CDC WISQARS). In the same data sample, homicide was the third and fifth leading cause of death in non-Hispanic white males aged 15-24 and 25-34, respectively (CDC WISQARS). In black men aged

20-44 in 2018, homicide alone accounted for 26.1% of all deaths, whereas only 2.6% of deaths of white men in the same age group were homicides (CDC WISQARS).

Although data shows that black boys and men are more frequently victimized by violence, there is also raw data that shows black males are also more frequently the perpetrators of violent crime. Though they make up only about 13% of the U.S. population, black folks were overrepresented in nonfatal violent crime perpetration, contributing to 29% of incidents in 2018 (Beck, 2021). That same year, over one-third of aggravated assaults and almost one-quarter of simple assaults were black offenders (2021).

However, race is not a variable that should be analyzed in isolation, as there are a myriad of unmeasured systemic factors that play a role in these data on violence. The social disorganization theory posits that social, cultural, and structural environmental factors shape a person's behavior. As it relates to crime, this theory would attribute the high rates of violence in black communities on environmental factors rather than on intrinsic factors like race alone. As Rich and Sullivan state in the *Journal of Health Care for the Poor and Underserved*, "While race is often cited as being associated with violent assault, most often it serves as a proxy for other unmeasured factors, such as poverty, exposure to violence as victims or witnesses, or other stresses that are inherent in the social environment where these patients live" (2001). In this study, they found that race itself is not an independent predictor for violence, but things like socioeconomic status, exposure to violence, and other traumatic experience provide an increased risk for violence (Rich & Sullivan, 2001). Therefore, it is important to note that although black communities are most affected by violence, race itself is not necessarily the contributing

factor, but rather the fact that black communities have been systematically oppressed for many years, and they more frequently live in low-income urban environments with little opportunity for social and economic mobility compared to white counterparts.

In this paper, through the social disorganization theory, I will analyze risk factors for becoming involved in the cycle of violence and discuss how these factors may be more prevalent in black men, not inherently because of their race, but rather due to the environmental, psychological, and social factors that disproportionately affect black communities. For example, black men are more likely to be affected by poverty, and are more likely to live in poor urban neighborhoods where violence already runs rampant. This being said, black boys and men in these neighborhoods have high rates of childhood trauma and PTSD given their exposure to violence both early and later in life, which increases their risk of becoming violent perpetrators and/or victims. Additionally, in these neighborhoods, firearm homicide and gang culture is more prevalent than in other communities, which may put black populations at greater risk for becoming violent perpetrators and/or victims of violence. This throws them into a cycle of violence that concentrates within their own communities, as violent perpetration and victimization are closely linked.

CHAPTER 2

SOCIOECONOMICS AND GEOGRAPHY OF VIOLENCE

The burden of violence falls heavily on black communities, especially in impoverished urban neighborhoods. A plethora of research points out this data point-blankly, however, the social disorganization theory works to explain the possible reasons for this trend. The social disorganization theory posits that African Americans, though having higher rates of violent crime, are not intrinsically more predisposed to violence by nature, but rather, more frequently live in conditions that would increase the likelihood of violence.

For example, in a 3-year ecological study in the early 2000's, Jones-Webb and Wall explore the relationship between socially disadvantaged neighborhoods and homicide rates in 10 U.S. cities. Working within the context of the social disorganization theory, they predicted that neighborhood socioeconomic status would have a greater influence on homicide rates compared to the influence of neighborhood racial makeup. With a sample size of 4.54 million individuals, during the study, Jones-Webb and Wall measured neighborhood racial/ethnic makeup percentage (i.e. percent African American), as well as homicide rates, and neighborhood socioeconomic characteristics, such as unemployment, education, household income, and percentage of female-headed households.

As predicted, they found that African American neighborhoods were closely correlated with lower socioeconomic characteristics (i.e. median household income) and higher rates of homicide when compared to Caucasian neighborhoods. However, after adjusting for socioeconomic characteristics, racial/ethnic differences in homicide rates

were attenuated. In short, although predominantly black neighborhoods have higher rates of homicide, after adjusting for race/ethnic makeup of neighborhoods, homicide rates are more so correlated with neighborhood socioeconomic disadvantage rather than neighborhood racial demographic makeup (Jones-Webb & Wall, 2008). This contributes to the notion that race is not a factor to be analyzed in isolation when discussing trends in violence, as a myriad of confounding social variables influence the circumstances under which violence may occur, in line with the social disorganization theory.

As discussed, black folks are more likely to live in communities in which social disorganization runs rampant. This, however, is not to be blamed on individual characteristics such as ‘laziness’ that societal narratives often incorrectly assign to poor communities. The United States has a long history of racial oppression that continues to set the socioeconomic climate of America in present day. This is due in part to generations of racial oppressions that go beyond the scope of this paper, including but not limited to phenomenon such as redlining and intentional housing segregation led by whites in power. For example, the Federal Housing Administration (FHA), founded in 1934, historically refused to insure mortgages in black neighborhoods, all while white folks fled cities and purchased houses in the suburbs. The FHA simultaneously barred black folks from purchasing houses in these white suburbs due to un-based fear of decline in neighborhood property values. This gave white folks an enormous socioeconomic advantage, as they were able to create generational wealth to pass along to their children in a way that black communities could not. To this day, the segregation that exists in most urban areas acts to localize socioeconomic inequity and immobility, as opportunity remains sparse in these neighborhoods. This lack of opportunity exacerbates problems

such as concentrated violence in black-majority inner-city neighborhoods (Anderson, 1999; Rich, 2009). Therefore, the burden of violence in the United States falls heavily on poor, urban, minority groups.

CHAPTER 3

VICTIM RECIDIVISM AND THE CYCLE OF VIOLENCE

Violent victimization is a recurrent, chronic disease with serious consequences that have documented for decades. For years, urban emergency rooms have become overwhelmed as the same patients repeatedly enter the trauma bay time and time again; they are stitched up, sent back into the world, and seem to be continually reinjured soon after.

This phenomenon has been documented as early as the 1980's in *The Journal of Trauma and Acute Care Surgery*. Sims and colleagues conducted a study at a Detroit hospital, in which they followed patients with stab wounds, gunshot wounds, or assaults for a 5-year period. Of the 293 patients who presented to the emergency room with traumatic injuries, about 45% of patients returned to the emergency department at least once with a similar injury within 5 years. About one-third of these recurrent trauma patients had 3 or more emergency room visits with the similar assault injuries. On top of that, within 5 years, 20% of the patients studied were dead, with about one-third of deceased patients dying from trauma (Sims et al., 1989).

This study provides evidence that violent victimization is recurrent, as the same patients are coming into emergency rooms with the same assault injuries over and over again. In summary, violent victimization is a risk factor for violent victimization and even death; from the time of initial injury, up to 45% of individuals in urban settings with penetrating trauma will have a similar injury within 5 years, and up to 20% will die.

Not only is violent victimization a risk factor for subsequent violent victimization, but it is also a risk factor for violent offending. Again, this notion has been supported for

decades; in 1981, Singer studied the relationship between victimization and violent perpetration. Upon surveying over 560 twenty-six-year-old males with a history of self-reported victimization, he interviewed them regarding their history of violent behavior. In this cohort, 68% of previously victimized individuals reported committing a serious assault, as opposed to only 27% non-victims (Singer, 1981). This study offers insight into the cyclical nature of violence; although not all victims become perpetrators, this study provides quantitative evidence that a history of victimization is a risk factor for future violent perpetration.

This being said, it is evident that violence is a vicious cycle, as victimization and perpetration directly build upon one another. If an individual is born into circumstances that puts them at risk for either violent victimization or perpetration, they are ultimately thrown into a cycle of violent experiences, as each is a risk factor for the other. This again supports the social disorganization theory, as an individual's behaviors can be shaped by the social climate in which they are born into. Here, experiences with violence can lead to involvement in more violence.

CHAPTER 4

PSYCHOLOGICAL RISK FACTORS

Adverse Childhood Experiences

Adverse Childhood Experiences (ACE) play a crucial role in psychological development. ACEs were first mentioned in the American Journal of Preventative Medicine in 1998 by Kaiser Permanente, who conducted a study on 17,000 Californians to determine the effects of childhood trauma on well-being later in life. The ACE questionnaire consisted of 10 questions regarding psychological abuse, physical abuse, sexual abuse, and household dysfunction, including exposure to household substance abuse, mental illness, domestic violence, or criminal behavior prior to age 18. For each category subjectively experienced, a ‘point’ is added, with the total number of ‘points’ constituting the final ACE score (Felitti et al. 1998). Whether someone is physically abused one time or one-hundred times, as long as it remains within a single experience category (in this case, physical abuse), one point is contributed to the overall ACE score. A higher ACE score, therefore, is correlated with a wider variety of traumatic childhood experiences.

The ACE questionnaire is still used today by health professionals to stratify health risks in adults, as the study showed that higher ACE scores were correlated with worse health outcomes later in life. Felitti et al. found in their original study that there is a positive correlation between ACE scores and diseases such as ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (1998). Additionally, they found that about one half of adults have experienced at least one adverse childhood experience, and about one-fourth have experienced two or more.

Although the original Felitti study was groundbreaking and opened avenues for trauma research with clinical implications, the study population itself was mostly white (80%), privately insured, and college educated (only 6% of respondents did not graduate high school). This being said, this study is not a nationally representative sample, especially given the great number of Americans without access to health insurance, education, or white privilege. This is not to diminish the very real outcomes of this study, but rather to point out that these results may not affect all populations to the same degree.

This being said, researchers have started to explore if certain populations are at an increased risk for high ACE scores, as ACE prevalence had only been documented in white, educated, insured populations. A 2021 study explored the relationship between ACE scores and poverty, race, and gender, and how these variables interact with each other. Researchers interviewed thousands of adolescents, collecting data on self-reported adverse childhood experiences, as well as factors such as household income and public assistance. Mersky and colleagues found that, in a nationally representative sample, ACE scores were distributed unequally amongst society. On average, ACE scores are higher in non-white groups compared to white groups (non-Hispanic). ACE scores also tend to be higher in poor groups when compared to non-poor groups. Importantly, this study analyzed this data with intersectionality in mind, recognizing that social factors are inherently intertwined and can compound the effects of one another. With that, results showed that on average, poor black men have higher ACE scores than non-poor black men, suggesting that power- and opportunity-related social factors can exacerbate already existing disparities (2021). All in all, childhood maltreatment disproportionately affects

poor, black communities when compared to white and affluent populations, such as the population is Felitti et al.'s study.

Now, more research is developing on how ACE scores can affect behavior and psychological development. In a 2015 study, Fox et al. studied the relationship between ACE scores and propensity for becoming a serious, violent, chronic offender (SVC), which is defined as the 10% of juvenile offenders who commit over 50% of all serious and violent juvenile offenses (2015). In this study, they interviewed nearly 11,000 SVC juveniles in Florida, who had three or more felonies (at least one of which being violent). When controlling for age, race, and gender, they found that each ACE increases the chance of becoming an SVC by over 35%. Compared to those with a single felony charge, children with two ACEs increase their chance of becoming an SVC by 70%, while children with 4 ACEs increase their risk by 140% and those with 6 or more increase their risk by 200% (2015). Though this particular study examines probability of juvenile violence, Singer notes that early trauma increases the likelihood of serious assaults in adulthood as well (Singer 1981). Childhood maltreatment, therefore, is associated with violent behavior in a dose-dependent fashion, even when controlling for race. This is in line with the social disorganization theory: since childhood maltreatment disproportionately affects poor, black communities, these same communities are at an increased risk for engaging in violent behavior due to environmental circumstances that go beyond intrinsic factors such as race.

As noted, SVCs have disproportionately high rates of childhood trauma, and have increased rates of violent tendencies, contributing to the cycle of violent victimization and perpetration. Since high ACE scores disproportionately affect poor, black

communities, cyclical violence therefore has a greater chance of localizing in these communities. However, it is important to note that childhood maltreatment is only one of the many factors that may contribute to violent behavior or cyclical abuse, and that correlation does not necessarily equal causation. Hence, this paper explores the multifactorial risks that influence violence through an intersectional framework.

Post-traumatic Stress Disorder

One drawback of measuring ACE scores is that the ACE questionnaire does not include traumatic events that occur outside of the household, nor events that occur after the age of 18. Psychological trauma does not need to occur within the household before age 18 in order to impact mental health. Post-traumatic stress disorder (PTSD), however, is more reflective of cumulative lifetime trauma that impacts mental health and social-emotional functioning.

Symptoms of PTSD have been documented during wartime and combat for centuries. Today, in the Diagnostic and Statistic Manual of Mental Disorders (DSM)'s 5th edition, PTSD can be defined as exposure to actual or threatened death, serious injury, or sexual violence resulting in symptoms such as nightmares or flashbacks, avoidance of stimuli associated with the traumatic event, negative alternations in cognition and mood, and alterations in arousal and reactivity for more than 1 month. Of note, this can be from directly experiencing a traumatic event, witnessing another person experience a traumatic event, learning that a loved one experienced actual or threatened death, or experiencing repeated or extreme exposure to aversive details of the traumatic event. (American Psychiatric Association, 2022).

Similar to ACE scores, PTSD disproportionately affects certain populations. Though most people who experience a traumatic event will not develop PTSD, about 6% of the U.S. population will develop PTSD in their lifetime, and veterans have a 7% average lifetime risk (with rates as high as 29% reported in Iraqi War veterans and as low as 3% in World War II veterans) (U.S. Department of Veteran Affairs, 2023). Until recently, most PTSD studies focused on veterans who experienced combat, or on civilians who experienced a single disastrous event like September 11th attacks or Hurricane Katrina. However, studies are now exploring PTSD symptomology beyond these confines, including in neighborhoods with high rates of violence.

Naturally, residing in a neighborhood where violence runs rampant, as a disproportionate amount of black Americans must, one's risk of witnessing or experiencing trauma should increase. The more trauma exposures one has, their risk of PTSD would increase as well. Researchers have become acutely aware of this notion; a 2009 study out of Atlanta set out to describe the rates of trauma and PTSD in a predominantly low-income, black, inner-city population. Gillespie and colleagues interviewed 1,600 majority African American participants in an urban Atlanta primary care setting, with over 88% of participants having a mean monthly household income below \$2,000, and over 65% being unemployed. Researchers found that in this sample population, 88% of people (90% of men) experienced some form of trauma in their lifetime, principally interpersonal violence. Notably, childhood trauma and adult trauma were measured separately, however, results showed that both types of trauma, either separately or in combination, led to a dose-dependent prediction in PTSD symptomology. The rate of lifetime PTSD likelihood in this population was 46.2%, compared to the 6%

likelihood in the national average (Gillespie et al., 2009; U.S. Department of Veteran Affairs, 2023). Overall, this study shows that in low-income inner-city black populations, trauma experience is almost ubiquitous, and rates of PTSD are insurmountably high when compared to national averages.

It is important to note that this sample included almost exclusively urban, black, low-income participants. Though this limits the generalizability of the findings as many variables may be confounding, this study more so acts to cross-sectionally highlight the extensive trauma experienced by urban black communities who have limited access to financial resources. As the researchers state, “these findings suggest that intergenerational cycles of violence and trauma may be endemic in America’s urban environments” (2009).

In addition to PTSD rates running high in low-income urban black communities, PTSD is also frequently undertreated in these communities, exacerbating the already existing mental health disparity. In another study out of Atlanta, Donley et al. sought to measure PTSD prevalence, PTSD treatment rates, and rates of violent charges in a sample population similar to that of Gillespie et al.’s study. In their sample of over 4,000 low-income, predominantly black, inner-city patients recruited in a primary care setting, researchers asked patients for self-reported measures of trauma exposure and current PTSD symptoms, as well as any violent charges they might have. Based on a validated PTSD diagnostic questionnaire, almost 31% of patients met current PTSD criteria. Interestingly, only 13% of patients who met PTSD criteria reported being treated for PTSD (Donley et al., 2012).

This alludes to the fact that PTSD is either underdiagnosed, undertreated, or both in low-income inner-city black communities. There may be some reporting bias in these numbers, considering the PTSD treatment rates were self-reported by patients, which inherently comes with the cost of human error in experience recollection. However, 13% of PTSD-diagnosed patients reporting being treated for PTSD is an alarmingly low rate to be driven exclusively by recollection bias, especially in a large sample size of almost 1,300 with researcher-diagnosed PTSD. This being said, the discrepancy between PTSD-positive patients and PTSD-treated patients points to the fact that PTSD in this population is either underdiagnosed, undertreated, or both. Specifically, the discrepancy may come from the idea that not enough low-income inner-city black folks are being appropriately diagnosed with PTSD by medical professionals, and therefore, are not being treated. This might be for a variety of reasons, namely bias or inaccessibility. For example, healthcare providers may be misdiagnosing or underdiagnosing PTSD in these patients. It is also possible that these patients, having limited socioeconomic freedom, are going to providers less frequently due to inaccessibility. Alternatively, it may be true that patients with known PTSD in their medical records may not receiving appropriate treatment from their providers. Regardless, this study highlights the fact that PTSD is going untreated in low-income inner-city black communities.

High rates of PTSD with low rates of treatment are important influences when it comes to violence in low-income urban environments. It has been known for decades that PTSD can lead to violent tendencies. As previously mentioned, per the DSM, PTSD consists of symptoms such angry outbursts, recklessness, hypervigilance, and exaggerated startle responses as well as feelings of detachment, and persistent feelings of

fear, horror, anger, guilt, or shame. Logically, it has been hypothesized and shown that higher rates of PTSD would be associated with higher rates of violence. In the same study as previously discussed, Donley and colleagues found that when compared to study participants without PTSD, those with PTSD were more likely to have been charged with a violent offense, particularly amongst males (2012). All of this being said, PTSD is associated with an increased risk of violent offending. Since, as mentioned, PTSD is more prevalent in poor, urban, black communities, PTSD may be one risk factor that would contribute to higher rates of violence that disproportionately affect these communities due to environmental circumstances.

This quantitative data highlights invaluable associations between PTSD and violence through trauma exposure disparities, however it is important to include qualitative data as well. Qualitative data gives an otherwise unheard voice to the subjects being discussed, and offers subjective insights as to why PTSD may contribute to violent behavior in inner-city neighborhoods.

Again, PTSD, as mentioned in the DSM, consists of hyperarousal symptoms and numbing symptoms (American Psychiatric Association, 2022). In a 2020 study, young black men who were hospitalized with non-fatal firearm injuries in an urban setting, many of whom were repeat victims, were interviewed to gain qualitative insight on how hypervigilance symptoms may lead to violent behavior. A 17-year-old who had been shot 8 times explains his heightened sense of perceived threats, stating, “Before I was grooving but now it just be like, everything, walk pass me, anything, you looking, anything, everything. Before I got shot I just be jolly, I wasn’t thinking nothing but now it is just being on everything. Cars, everything, people, everything. They got they hands

in they jacket, I be looking at all that” (Richardson et al., 2020). This may help to explain how PTSD may lead to one feeling on edge, in danger, and becoming quicker to inappropriately respond to non-threatening stimuli, leading to an increase in violent cycles in traumatized communities.

Similarly, in Rich and Grey’s interviews with men of similar demographics, they found PTSD symptoms of numbing to be important factors that may contribute to violent behavior. Specifically, as one man describes, numbing symptoms can lead to increased propensity to confront others due to a loss of sense of fear. He states, “So a lot of things that made me scared or made me nervous, they don’t scare me no more. They don’t affect me. Like, if a whole bunch of dudes kept on lookin’ at me, I used to feel nervous. And, if someone kept on like giving me mean looks? I used to get nervous. It don’t happen no more. It’s like some of the feelin’ is just gone. If they look at me mean now, I look at them right back like, ‘What?’” (2005). This may explain how initial traumatization may lead to re-traumatization: losing one’s sense of fear to dangerous situations creates more opportunities to be around violence compounded by an increased willingness to confront.

CHAPTER 5

SOCIOLOGICAL AND ENVIRONMENTAL RISK FACTORS

Gun Violence

Many countries worldwide have banned guns, but of those who have not, the United States has some of the lax gun laws in the world. This has plagued America with a long history of firearm violence that is not seen in comparable developed countries. Of the over 26,000 U.S. homicide deaths in 2021, about 21,000 of them were due to firearms (CDC Wonder). Simply owning a gun introduces danger: it is known that having a gun in the house can double the odds of becoming a victim of homicide when compared to homes without a gun, and that gun ownership is associated with higher rates of homicide (Kellermann et al., 1993; Duggan, 2001). Like other concepts discussed in this paper, gun violence does not affect all populations equally. Gun violence exists across many different cultures, sociodemographic backgrounds, and geographies, however, it is disproportionately affecting the lives of young black men in poor urban communities, not through any intrinsic fault of their own, but rather due to the environments they must live in.

One of the most consistent risk factors for gun violence perpetration and gun violence victimization is being male. Men make up 87% of all firearm victimization injuries and 86% of firearm related deaths (CDC WISQARS). Being young is also a risk factor for firearm victimization; firearm homicide rates are highest among teens and young adults age 15-35. In 2022, firearm injuries were the leading cause of death in people aged 1-19, the majority of whom were teens. (CDC WISQARS). These statistics do not even include the non-fatal gunshot victimization rate: more people are non-fatally

injured by firearms than are killed by firearms, so the actual number of people victimized by gunshot wounds is much higher in reality (CDC WISQARS).

Putting this together with intersectionality in mind, young black males (age 15-34) experience firearm homicide death rates over 10 times higher than their white counterparts, with firearm homicide being the leading cause of death in this population in 2012 (CDC WISQARS). Black males are not only more likely to be victims of gun violence, but are also more likely to be perpetrators (CDC WISQARS; Kena & Truman, 2022).

Gun violence remains particularly localized geographically, especially in urban neighborhoods with low socioeconomic status. This partially because urban firearm homicide tends to be concentrated within small social networks. In Boston, a population living in a socioeconomically disadvantaged neighborhood with some of the highest firearm violence rates in the city was studied to analyze patterns in gun violence. Using police data, researchers could determine a conservative measure of ‘social networks’ – that is, situations in which police observed individuals in the presence of one another during a case. Again, this is a conservative measure, as individuals have more social ties than the people they were standing with during a shooting. After analyzing almost 800 individuals from this population, researchers concluded that the closer a person is socially to a victim of gunshot victimization, the more likely they are to be victimized themselves. Each degree of social separation from a gunshot victim reduces the odds of being shot by 25%. Ultimately, they found that 85% of all firearm injuries in this sample occurred within a single social network (Papachristos, Braga, & Hureau, 2012). This supports the idea that violence is cyclical in nature, most dramatically affecting people who are

already living in neighborhoods or social networks that have high rates of violence. This may be one environmental factor that influences such high rates of violence in predominantly black, low socioeconomic status neighborhoods.

In order to figure out why so many young black men in these disadvantaged urban neighborhoods carry and use firearms, Rich and Grey interview young males who have been involved in violent victimization. For starters, guns are easy to access in these neighborhoods, and gun ownership is known to increase risk for gun violence and perpetration (Kellermann et al., 1993; Duggan, 2001). As one interviewee states, “Cause it’s not that hard to get a gun on these streets. It’s not that hard. It’s like buyin’ candy from a store if you know the right people” (2005). Easy gun access, therefore, may increase concentrated gun violence in a particular neighborhood, contributing to environmental factors that could contribute to increased violence rates.

Another possible reason for gun carrying is for perceived self-defense after an assault. A 19-year-old victim of robbery states, “so now I feel like I gotta stay strapper with somethin’ to protect myself, from now on, ya know? ‘Cause I never know when it’s gonna happen again” (Rich & Grey, 2005). This young man explains how his traumatic experience makes him feel the need to carry a gun to protect himself in the case of another attack in the future, even if he might not have thought about owning a gun beforehand. As more and more men become traumatized and carry a gun, more and more guns exist in the neighborhood, and chances of firearm violence increase as well.

Gang and Street Culture

Gang and street culture have a heavy influence on who is involved in cyclical violence and why. Gangs are made up of mostly young people and are concentrated in urban areas, especially in resource deprived neighborhoods. Though there is no single definition for a gang, one underlying theme is the use of violence and fear to control neighborhoods and to enhance their money-making capabilities. This being said, the intentional use of violence puts gang members and their surrounding social networks at risk for violent victimization, leading to cyclical and concentrated violence. However, it is important to note that gang membership is not always a desired choice as much as it is a necessary choice. Living in a turbulent neighborhood, joining a gang can offer someone benefits that they might deem unattainable by other means, whether economic, social, or both.

For example, living in violent and resource depleted neighborhoods, some join gangs for a perceived sense of protection provided by fellow gang members. This, however, is a misperception, as gang membership ultimately increases exposure to violence rather than protect one from it. However, on the flipside, some boys report joining a gang because they were coerced, which demonstrates the cyclical nature of violent victimization and perpetration. One boy states, “if they ask you, to recruit you, and you try to like say no, you don’t want to be in their gang, they might start like doing something to your house, busting windows or threatening you” (Reese et al. 2001). In the same investigation, another boy states that if you decline to join a gang after being recruited, “they might think it’s because you want to be in another gang and get like real scared that you are gonna do something to them, so they shoot at you. Then you know

what? You're in a war" (Reese 2001). Again, being a gang member in poor urban neighborhoods may be out of necessity: a need for survival in a tumultuous circumstance one is born into.

Having little economic opportunity in disorganized and disadvantaged neighborhoods, some join gangs because they need a source of income, even if illegal, when they have less prospects than neighborhoods with more jobs and better schools (Reese et al. 2001; Rich, 2009). As a previous gang member states in Rich's *Wrong Place, Wrong Time* regarding his economic opportunities, "I was doing better when I was [in a gang selling drugs] than I am now that I [have a job]. I make \$400 a week in a good week. I used to make \$400 a sale easy, on a usual day on the block. I had a lot more money when I was doing that" (p. 49). Again, joining a gang may be more of a necessity than a personal desire, as in these neighborhoods, gang involvement leads to far more economic gain than the minimal career opportunities available to this population.

Along with tangible gains such as perceived protection and economic opportunity, gangs and violence provide much more nuanced social gains that operate under what Elijah Anderson coins "The Code of the Streets." Anderson defines this code as "a set of informal rules governing interpersonal public behavior, particularly violence" (p. 33). This "code" helps to dictate the violent behavior that occurs in low-income urban neighborhoods, especially as it pertains to respect and identity.

One reason for needing to partake in violent behavior is to avoid looking like a "sucker" (Rich & Grey 2005; Anderson, 1999). When a young black man in Rich & Grey's interview is asked to define what "being a sucker" means to him, he states, "A sucker is a person that, if someone does something to them, says something to them, they

don't retaliate... if you living in the inner city you wouldn't want to be called a sucker, cause everybody will take advantage of you. That's why half the people get shot, stabbed these days--trying to defend themselves and not be a sucker” (Rich & Grey, 2005). Here, this young man points out that if violence is not used to defend oneself, they lose respect from the community and are labeled as an ‘easy target,’ becoming more likely to be taken advantage of.

With that, community respect plays a huge role in street code. In neighborhoods where ‘traditional’ forms of status and identity, such as occupation, finance, familial roles, are disrupted by high levels of poverty, broken homes, and a lack of opportunity, senses of identity and belonging are found on the streets. In Rich’s book, *Wrong Place, Wrong Time*, an ex-gang member states, “Just like athletes are a community, church people are a community, dudes who play the girls are a community. But some of us don’t belong nowhere, and the streets are the last place for some of us to find community. Nobody wants to be a nobody. Nobody wants to be without a community” (p. 61). If someone is not presented opportunities to thrive socioeconomically, such as in violence- and poverty-ridden neighborhoods, people still want to feel respected by a community.

Similarly, under this “code,” being known for violence is better than not being known at all. Rich states in *Wrong Place, Wrong Time*, “[this young black man from a violent neighborhood] was using violence to build an identity in the same way the rest of us use school and family and occupation. He was using the chaos and violence of the streets to be the only somebody that he believed he could be. It goes without saying, since [he] used violence to gain street credibility and become somebody, that the person who wounds or kills [him] will gain street cred. This the continuity of violence, havoc, and

death in the streets of the inner cities.” (p. 65). Using violence is a way for someone to gain community respect in an environment where there are not many options to gain it otherwise. This disposition also contributes to the concentrated cyclical violence in these resource-depleted neighborhoods.

In short, the cycle of violence as influenced by “The Code of The Street” can be described by the following entry from Rich: “If you want to avoid being a sucker, you have to have a rep. If you want to have a rep, you have to earn it. You earn a rep by putting in work. In [this] world, work means doing violence. Having a rep, even if you got it by violence, makes you known. When you are known, you are somebody. You could get a rep for doing good, but people might still come after you for disrespecting them in the past. Therefore violence is more effective” (Anderson, 1999; Rich 2009, p. 57). Joining ‘the streets,’ or a gang, and participating in violence is less of a desire and more of a necessity for the young men living in distressed communities that require violence in order to flourish socially, economically, and culturally. Supporting the social disorganization theory, cyclical violence is a product of the environment one is born into, and the environments that set people up for high risk of violent involvement, such as communities that operate under gang culture and “street code,” are environments that disproportionately affect young black men.

CHAPTER 6

CONCLUSION

In summary, violence does not affect all populations equally; young black men are disproportionately affected by violent victimization and are more commonly violent perpetrators when compared to their white counterparts. This, however, is not an issue of race. The social disorganization theory hypothesizes that racial discrepancy in violent trends has to do with structural and cultural environmental factors that shape behaviors. Therefore, this theory posits that young black men are more likely to be involved in violence not because of intrinsic factors like race, but because of the environment that young black men are more likely to live in when compared to white men.

Due to years of racial oppression, black Americans have been forced to live in disadvantaged communities with limited ability to escape via economic or social capital. Urban neighborhoods with lower socioeconomic status are more likely to experience things like childhood maltreatment, psychological trauma, and PTSD, all of which are linked to violent victimization and violent perpetration. Additionally, firearms are easily accessible and widely used in these neighborhoods, contributing to an increased risk in violent victimization or perpetration. Similarly, gang culture and the “Code of The Street” offer seemingly necessary benefits in tumultuous environments, however, they ultimately end up leading to greater rates of violence as well. As violent victimization and violent perpetration are risk factors for one another, living in an environment with high rates of violence may throw someone into a vicious cycle of violent victimization and perpetration. Therefore, violence remains cyclical, geographically concentrated, and disproportionately affects vulnerable populations such as young black males.

In order to alleviate this structural issue, it is important to stop placing blame on individuals and hold the privileged accountable for their actions. More social services need to be implemented in these disadvantaged urban neighborhoods, as the root causes of violence lie in societal inequities such as unequal distribution of wealth and resources. Though there is no ‘cure’ for violence, given the amount of morbidity and mortality urban violence causes, it is the ethical duty of the U.S. government to implement programs to alleviate environmental risk factors for violence. Things like access to therapists, PTSD treatment, job opportunities, infrastructure, better schools, and better housing would allow for better socioeconomic mobility for poor urban communities, and thus could diminish the burden of violence on these communities.

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