A COMMUNITY-BASED MODEL OF GUN-VIOLENT TRAUMATIC GRIEF SUPPORT

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Abstract

As survivors of gun violence, individuals, families and communities face overwhelming social and psychological complexities. Despite goals for supporting public mental health, including supporting responses to community violence, survivors of gun violence are challenged with insufficient services and resources to address their trauma needs. Trauma and grief models and intervention to address the traumatic needs of survivors of violence are still forthcoming. This article provides an overview of the Out of Bounds: Grief Support (OOB) model developed from journeying with grieving survivors of gun violence in affected communities in Toronto, Canada.

Keywords: Mental Health, Trauma, Grief Support, Gun violence, Community Care, Survivors,

INTRODUCTION

Gun violence is deeply rooted in social complexities that compound and complicate mental health challenges for survivors. Survivors can include family and friends, as well as the community as a whole. Trauma experiences of gun homicide survivors are commonly wrought with social convolutions that persist to make grieving a complex, prolonged, and complicated undertaking (Bailey, Clarke, & Salami, 2015; McDevitt-Murphy et al., 2012). Survivors’ experience with complicated grief is associated with and predictive of morbidity, impaired quality of life, and mental illness (Prigerson & Maciejewski, 2006). Social consequences of gun homicide such as stigma, social isolation, and family breakdown work to further complicate survivors’ trauma experiences (Bailey et al., 2013).

Mental health problems and illnesses can have detrimental outcomes on entire communities. OOB’s model of traumatic care targets complicated experiences of survivors of gun violence. Using a comprehensive, integrative and wrap-around approach, services offered incorporate education and training interventions, one-to-one psychotherapy, peer mutual support, and community support to enhance healing and resilience for survivors. Grief-related trauma has to be recognized as a mental health issue in order to ignite changes in mental health practices and policies. Any mental health reform in this regard should focus on: traumatic grief services, trauma-specific policies, and funding schemes for traumatic grief care.

Despite human resiliency and meaning-making, grief associated with gun homicide has serious mental health implications for survivors, families and communities (Bailey et al., 2013; Burke & Neimeyer, 2014; Sharpe et al., 2014).

The existing literature on gun violence provides an overview of the immediate and long term trauma needs of survivors, but practical strategies to address these needs are still forthcoming. A few documented strategies include journaling and debriefs (Ziegler, Howe, & Pasternak, 2004), short-term counselling (psychotherapies) (Salloum, Avery, & McClain, 2001), and follow-up phone calls to assess coping (Hottensen, 2013). Although well-intentioned, these strategies are ineffectual and unsustainable for managing long-term traumatic grief responses (Currier, Neimeyer, & Berman, 2008). In their meta-analysis, Currier, Neimeyer and Berman (2008) demonstrated that the effectiveness of these contemporary bereavement interventions were only evident.
immediately post treatment. Most importantly, contemporary bereavement interventions do not appropriately address the needs of gun violence survivors. This is because an intricate part of grief and traumatic support for gun homicide survivors is ongoing trauma-informed strategies that are tailored to address their unique grieving needs (Bailey & Velasco, 2014). Given the degree to which some disadvantaged communities face ongoing gun violence, grief and trauma services are necessary in the aftermath to avert severe and harmful grief responses, including self-induced images, extreme helplessness, and the desire for revenge (Cohen et al., 2006).

The purpose of this article is to share a community-based traumatic grief support model (Out Of Bounds: Grief Support [OOB]) that was developed, clarified and modified from journeying with grieving survivors of gun violence in affected communities in Toronto, Canada. This model has been informed by first-hand survivors, who affirmed and acclaimed its suitability in contributing to their resilience and healing. Survivors of gun violence continue to face challenges in accessing psychological and social resources, which can reinforce marginalization and alienation, as well as perpetuate the cycle of violence (Buchanan, 2014). Therefore, targeted and early initiatives to meet the psychological needs of survivors at greatest risk are important for strengthening the efforts of services providers in all contexts.

**Survivors of Gun-Violent Loss and Traumatic Grief**

Gun homicide trauma has gained global attention for its detrimental mental health consequences on individuals, families and communities (Buchanan, 2014; Zinzow et al., 2009). Studies have demonstrated that survivors of gun homicide grapple with debilitating bereavement-related distress including post-traumatic stress disorder (PTSD), intrusive thoughts of the deceased, insomnia, disturbing imageries, depression, and complicated grief symptoms (Kaltman & Bonanno, 2003; McDevitt-Murphy et al., 2012; Murphy et al., 2003; Putman et al., 2009). Among survivors already exposed to vulnerable conditions such as poverty and lack of accessible support structures, these psychological impediments are exaggerated and can manifest in social, behavioural and physiological disorders (Mastrocinque et al., 2014; McDevitt-Murphy et al., 2012; Rheingold et al., 2012).

The abruptness, perceived meaninglessness, inhumane, intentional, violent, and premeditated nature of gun homicide predispose survivors to complex and often, insurmountable levels of trauma (Currier, Holland & Neimeyer, 2006; Kalman & Bonanno, 2003). This level of trauma is further compounded by the intersecting and interlocking of race, stigma of gun-violent loss, and negative social interactions (Bailey et al., 2013; Bailey, Clarke, & Salami, 2015). With any social issue, the meddling of racial stigma and discourses, predict differences in mental health manifestation and trauma intensity. For instance, Black mothers who lose children to gun violence describe their trauma as a prolonged, painful, psycho-social experience that is pervasively influenced by racial stigma (Bailey, Clarke, & Salami, 2015). Stigma and discrimination are central to their mental health exacerbation, especially with preexisting vulnerabilities. Any transformation in mental health systems must consider the cumulative and compounding effects of these social stressors on diverse individuals’ mental health outcomes (Mental Health Commission of Canada [MHCC], 2012).

Whether for mental health problems or mental illnesses, urgent and specific treatments are required to restore psychological stability and promote quality of life (MHCC, 2012). Traumatic grief from gun violence death requires trauma-focused, therapeutic grief support to counteract social and psychological impacts and suffering (Bailey & Velasco, 2014). Despite the chronic and pathological nature of traumatic grief, global-level research indicate that due to the limited availability of grief and trauma support for gun homicide survivors many are not receiving the support needed to adequately meet their long-term coping and survival needs (Buchanan, 2014). Across Canada, there remains a significant gap in institutional and community-based trauma-informed grief support for survivors and their families (Bailey & Velasco, 2014). In addition to the stigma of gun violence, this gap might be due to a general limitation in the recognition of grief as a mental health issue, as well as the complexities of traumatic grief among survivors of gun violence. Due to multiple complications and co-morbidities associated with traumatic grief (Murphy et al., 2003), it is
essential that gun violence survivors have access to appropriate and timely interventions.

**Grief Support Models/Interventions**

To promote healing and recovery amongst mental health sufferers, equitable access to appropriate and effective treatment programs and services are needed (MHCC, 2012). Strategies that incorporate knowledge of the behavioral, emotional and psychological experiences of traumatic grief should be introduced at the initial encounter with any survivor and frequently utilized throughout the grief process (Jacobs & Prigerson, 2000; Jordan & Neimeyer, 2003). However, the implementation of grief support models and intervention to address the traumatic needs of survivors of violence are still forthcoming. Influenced by Janoff-Bulman’s (1989) work on assumptive worldviews, the Grief to Personal Growth model (GPG) demonstrates potential in strengthening the resilience of survivors (Hogan & Schmidt, 2002). The GPG model suggests that clinicians intervene during the bereavement process by providing social support to survivors in a non-judgemental manner to help them reconstruct their views and make sense of the loss. Engelkemeyer and Marwit’s (2008) used the GPG model to provide support for personal growth and sense making to 111 parents in the United States who lost their children to traumatic events including homicide. Participants in this study showed positive outcomes in coping. However, Davis et al. (1998) explained that the GPG model needs to be considered with caution because there is a lack of empirical research on the processes by which survivors make sense of loss.

Another model that shows promise in achieving resilience outcomes for grieving families is the Family Focused Grief Therapy model (FFGT) (Kissane et al., 2006). FFGT aims at preventing the development of pathological grief in families at risk for deterioration following the loss of a loved one (Kissane et al., 2006). Using randomized controlled trials, Kissane et al. demonstrated the effectiveness of this approach in decreasing family distress. However, current evidence for FFGT effectiveness is focused on grief support for individuals who have lost a loved one in palliative care. The effectiveness of this approach for gun-violent traumatic loss is not documented.

Psychotherapeutic interventions, such as school-based trauma-focused group psychotherapy protocols, seek to reduce PTSD and complicated grief symptoms (Saltzman et al., 2001; Salloum, 2008). Common elements noted in these protocols are psycho-education; restructuring maladaptive cognitions; and strategies to promote healthy grieving (Saltzman et al., 2001). Their aim in reducing traumatic symptoms and complications in the bereavement process is important (Salloum, 2008). However, when considered for use with survivors of gun violence, the results of such strategies should be interpreted with caution as they lacked control groups and are not exclusively focused on survivors of gun violence (Saltzman et al., 2001; Salloum, 2008).

**OOB as a Model of Traumatic Grief Support**

OOB is an innovative and community-led initiative that aims to empower individuals, families and community members who are witnesses, victims and survivors of gun violence deaths. OOB began in the summer of 2005, under the direction and tutelage of Reverend Sky Starr, a Grief and Trauma Psychotherapist, who initiated the process after a raze of gun violent deaths left youth, families, and other residents incapacitated with grief-related PTSD. OOB is situated in the Jane and Finch community, one of 13 priority (socio-economically disadvantaged) neighbourhoods in Toronto, Canada (United Way, 2004). Given the increased level of gun violence in this community, OOB strategically provides a system of care for survivors of gun violence, including youth. The infrastructure and operation of OOB was solidified after a two-month needs assessment in the Jane and Finch community with survivors, schools (students and teachers), agencies, and frontline workers, who identified high levels of trauma among families in the community and a lack of support for victims and survivors of gun violence.

OOB provides support and education at the individual, group, and communal level to survivors dealing with trauma and grief-related PTSD, as well as their caregivers. This approach is vital considering that youth and adults who are affected by violence in the community often suffer deep and long-lasting effects. The psychological impact of violent loss combined with preexisting social deprivities, and the stigma of gun violence can intensify survivors’

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trauma experiences. Police investigation and/or litigation can have significant negative impact on survivors’ ability to cope (Bailey et al., 2013; Bailey, Clarke,& Salami, 2015). OOB is responsive to the personal and social impacts of gun violent stigma, and strategically prepares survivors to respond to police investigation, and interact within social institutions. OOBalso provides structured post-crisis care and social support for especially youth to prevent retaliation.

Figure 1: Systemic Model of Traumatic Support™

OOB’S Approach to Traumatic Grief Care

OOB’s mandate is to strengthen the resilience of survivors of loss. In executing this mandate, OOB provides innovative, compassionate, and tailored traumatic grief support from a holistic and trans-cultural perspective. As shown in Figure 1, traumatic grief support services are focused at the individual, group, and community level to address fresh, complicated, and latent grief. Using a comprehensive, integrative and wrap-around approach (individualized and widely applied), services offered at these levels incorporate education and training interventions, one-to-one psychotherapy, peer mutual support, and community support to enhance healing, empowerment, and resilience for survivors.

Education/Training

It is important for survivors to understand the physical, psychological and social impacts of grief and trauma in order for them to relate effectively to crisis (Salston&Figley, 2003). OOB offers a 10-week grief/trauma training workshop that provides theoretical and practical knowledge to heighten survivors’ awareness and ability to recognize and manage grief and trauma associated with gun-violent loss. The training is also provided to service providers to increase their skills as peer facilitators to work with survivors. Sessions involve interactive discussions, role plays, sharing of experiences, funeral home visits, and guest lectures focused on research and practice knowledge of grief and trauma. Trainees are provided with opportunities to share their traumatic grief journey, while facilitators practice active listening skills and journey with different types of traumatic responses. The presiding therapist pays careful
attention to survivors’ responses as they share experiences of loss, to ensure their comfort and psychological safety. Trainers are encouraged to practice “the art of cradling,” which is making the sharer in the group feel and sense that they are “cradled” by an empathetic and attentive group. Feedback and constructive criticisms are shared between listeners to improve, diversify, and expand the learning experience.

**One-to-One Support**

Within its circle of care, OOB provides customized care for individuals, especially mothers of deceased children and immediate family members, to restore a sense of self, safety, and normality. Attention is placed on strategies to avoid re-traumatization and vulnerability to other traumatic events. Literature indicates that re-traumatization is symbolic to delayed onset or reactivated symptoms of a traumatic experience. Re-traumatization occurs as an inevitable relapse into a state of trauma and a by-product of subsequent triggers of traumatic events (West 2013). OOB’s therapist begins individual trauma support by conducting an assessment to ascertain the mode of care that is most beneficial to the individual. If fitting, a trained facilitator, who is usually a surviving mother who has gained some resilience, is assigned to the grieving individual in a buddy system where both are mutually supported. Newly bereaved mothers facing the tough, traumatic journey ahead especially benefit from the peer support. The therapist acts as an accountability partner (a stable, objective supporter) to trained facilitators who often face the risk of re-traumatization.

**Peer mutual Support**

Peer support offered one-to-one or in group settings has been identified as an effective low-cost therapeutic support for survivors of gun violence. In the absence of sustainable community program funding, peer support is a valuable resource for mutual assistance to promote well-being, resource access, and wider community healing (Buchanan, 2014). As part of a system of care, OOB incorporates peer support at the individual, group and community level. A system of giving and receiving help is maintained among grieving youth, mothers, fathers, and community who share similar lived experiences of emotional and psychological pain. Several survivors are trained as peer facilitators to listen attentively, and provide empathetic support to newly victimized survivors. The trauma-focused education/training prepares peer facilitators to identify with the experiences of an affected peer and provide understanding, encouragement and hope. Healthy coping skills are shared to assist in managing emotions through comradery.

**Community Support**

Trauma (vicarious trauma) and re-traumatization can both be experienced secondarily and cumulatively as communities continuously experience the devastation of gun violent deaths (Figley, 1995). People who have already experienced a trauma can be re-traumatized through contact with, and especially while caring for those who have experienced fresh trauma. Because it is widely believed that trauma and re-traumatization are transferable (West, 2013), OOB takes a comprehensive approach to the sensitive care provided to community members. A strong focus is placed on re-traumatization with particular emphasis on vicarious trauma for the wider community including front-line workers and other professionals. Working from the recommended vantage point of trauma-informed care (Bailey & Velasco, 2014), provisions are made for managing short and long term crisis symptoms and dealing with a range of emotional and psycho-social needs. OOB engages community healing groups/gatherings such as vigils, memorials, and mutual support groups, where therapist, peer facilitators, families and residents collectively participate in the process of consoling, empathizing, debriefing, and defusing to foster a speedy return to a state of functional equilibrium.

**Discussion and Implications**

The impact of gun violent death can disrupt the stability of individuals, families and entire communities. The trauma of gun violence erodes peoples’ sense of self and safety as well as triggers social discords that prolong survivors’ grief and trauma experiences. The most crushing trauma and re-traumatization occurs among members of the nuclear family affected by gun violence. Mothers, who are considered stabilizers in single parent families, suffer profound magnitude of effects. These effects are not just isolated within families. Front line workers, first responders, law enforcement officers, students, and community organizers, also suffer far-reaching impacts.

Community-based traumatic grief support that is comprehensive and tailored with education and
peer support is increasingly recognized as essential responses to traumatic bereavement (Vanderwerker & Prigerson, 2004). As such, OOB has distinguished itself in service provision for grief-related to gun-violent loss. Through work experiences and consultations with youth, families and stakeholders in affected communities, services have evolved to focus on hands-on, realistic mental health practices that include individual, group, and community psychotherapy and crisis intervention. Especially during peak crisis moments, trained facilitators are utilized to provide grief and trauma support, address disruption in communal interactions, and calm fearful thoughts and expressions. These community-based trauma interventions are necessary to ensure that mental health impacts do not go unnoticed, as well as break the cycle of violence often associated with retaliation (Buchanan, 2014).

Research showing the devastating mental health impacts of gun-violent bereavement on survivors and communities continue to grow (e.g., Currier, Holland, Coleman, & Neimeyer, 2007; McDevitt-Murphy et al., 2012). Yet, the pervasive mental health effects of gun violence survivorship remain elusive to policy makers, decision makers, and other government officials. It is crucial to mental health reform that there is a better understanding of this impact on family and community functioning, such as parents and siblings’ coping, educational outcomes of youth, and overall community marginality. However, grief-related trauma has to be recognized as a mental health issue in order to ignite changes in mental health practices and policies. Any mental health reform in this regard should focus on: traumatic grief services, trauma-specific policies, and funding schemes for traumatic grief care.

**Traumatic Grief Services**

Survivors of gun violence require services that extend across hospital care, mental healthcare, crisis intervention, rehabilitation, legal and other social support services (Asaro, 2001; Buchanan, 2014; Oliver, 2000). Traumatic grief, especially induced by loss to gun violence loss, is life-long. OOB recognizes the need to promote the well-being of families and community by contributing to a process of healthy socialization. Using empowerment as its core principle of engagement, OOB provides programs and services that are tailored to build individual, group and community resilience (see Figure 1). Several studies suggest that outcomes of resilience and empowerment in grief support are achieved when survivors are able to engage in meaning-making to find a purpose in their lives (Bailey et al., 2013; Murphy et al., 2003). Changes are required in mental health systems to address grief through multifaceted and sustained approaches. Currently, most services tend to be provided as reactive solutions to community crisis, and not as integrated and sustained approaches like the OOB initiative.

**Trauma-Specific Policies**

Grief support, as one aspect of a comprehensive program of care, is needed to mitigate the physical and psychological symptoms of gun violence. Without grief support, families and communities’ well-being on all levels can be stifled, and the ability to thrive becomes nonexistent. It is critical that policy makers understand the level and intensity of the impact and the far-reaching consequences of gun violence on families and communities. With this understanding, policies should be created to systemically assist families and communities. OOB provides a comprehensive array of trauma specific care. However, similar approaches are needed to address the growing needs of survivors. While OOB can be adopted as a model for traumatic grief in communities, policy changes are required to legitimize and legislate community service delivery that accommodate this challenging trauma experience. While this effort may not fully stop gun violence, trauma-specific policies in mental health service delivery may help with the recognition of grief as a mental health issue and close the gap in current mental health programs for survivors of violent crimes.

**Funding for Traumatic Grief Support**

Funding is fundamental to creating and maintaining services for survivors in communities affected by traumatic loss. Funding decisions should be considerate of groups and communities affected by violence, in order to break the cycle of violence. There is limited sharing of resources to support families due to scarcity of resources in marginalized communities. Competition for available funding sometimes deters partnerships between community agencies. Although agencies often unite at the onset of a crisis, partnerships are not sustained for the long haul. Lack of funding continues to threaten the vibrancy and
functioning of many organizations, like OOB. Additionally, funding is vital to initiate pilot projects, hire staff, facilitators and a coordinator, purchase materials and supplies for training, and conduct community-based research and evaluation projects. OOB also recognizes the need for funding towards research efforts to better understand issues faced by survivors and inform practice. Lack of funding places severe limitation on OOB efforts in research endeavors. It is imperative that policy makers recognize the importance of strategically allocating funding to community organizations to collaborate in academic research processes.

CONCLUSION

The level of trauma experienced by gun violent survivors affects their daily living and family functioning. Existing services may be reoriented to address survivors’ trauma; however, specialized care for traumatic grief is needed. Given survivors’ propensity for complicated grief and PTSD, unless trauma is addressed, their mental health care remains incomplete. OOB progresses through hands-on, realistic practices that form the backbone of crisis and trauma services in the Jane and Finch community of Toronto. Traumatic grief services are focused at the individual, group, and community level and incorporate educational interventions, individual and group psychotherapy, peer mutual support, and community support to enhance healing and resilience for survivors of gun violence. It is surmised that challenges in grief care can be attributed to a lack of recognition of traumatic grief as a mental health issue, as well as lack of funding for programs and services. A move towards reform in mental health systems should recognize these gaps in order to create lasting changes for families and communities affected by gun violence.

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