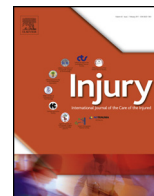




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Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study

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ABSTRACT

Purpose: The burden of injuries is disproportionately concentrated among Black men in the United States. Previous studies suggest that the mental health effects of trauma may vary by the intentionality of the injury (intentional vs. unintentional), yet little is known about this experience among Black men. We explored the emotional responses to traumatic injuries in the context of injury intentionality among Black men in an urban area.

Methods: We conducted semi-structured, qualitative interviews with 74 Black men who were traumatically injured. The interviews took place three months after discharge from the hospital and they were audiotaped, transcribed, and de-identified. We used systematic thematic analysis to identify themes about post-trauma emotional responses to intentional and unintentional injuries.

Results: The narratives of intentionally injured men revealed persistent exposure to neighborhood violence and their distrust of others including the people they knew and to whom they felt close. Survivors of unintentional injuries did not express a similar distrust of others. Our findings suggest that survivors of intentional injuries experience loss of social support following their injuries.

Conclusions: Emotional responses can differ by intentionality of traumatic injury among urban Black men. Intentional injuries may be a marker for chronic exposure to violence and limited social support for recovery. Additional resources should be targeted to survivors of intentional injury who return to disadvantaged communities after medical treatment to decrease risk of re-traumatization and adverse emotional responses.

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Introduction

Injuries are a major public health problem in the United States and worldwide, accounting for nearly 60% of all deaths among Americans 1–44 years of age and 4.8 million deaths globally [1,2]. In the U.S alone, approximately 27 million people are treated for injuries in emergency departments each year [1]. Black men in the United States are disproportionately affected by traumatic injuries. Unintentional injuries are the third leading cause of death and homicides are the fifth leading cause of death among Black men [3]. The age-adjusted rate of all injury deaths was 102 per 100,000

Black males compared to 92 per 100,000 White males in 2015 [3]. Many survivors of traumatic injuries face significant mental health challenges in addition to physical problems. Previous studies report that 16–93% of patients with traumatic injuries experience posttraumatic stress disorder (PTSD) and 24–44% of patients experience depression [4–12]. Despite racial disparities in the distribution of injury in the U.S., limited literature describes Black men's emotional responses to traumatic injuries.

Survivors of intentional injuries (e.g., gun violence and assault) may have increased risk of adverse mental health outcomes compared to survivors of unintentional injuries (e.g., falls and motor vehicle accidents) [8,13–15]. Contributing factors to stronger emotional responses among intentionally injured people may include increased perceptions of helplessness and lack of control, greater likelihood of knowing the person who perpetrated the assault which makes the traumatic event more personal, and

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greater exposure to violence and traumatic events in neighborhoods with concentrated disadvantage [8,14,15].

Understanding emotional responses to intentional and unintentional injuries can help inform and improve public health planning and treatment efforts for individuals vulnerable to poor mental health after injury. The purpose of this study was to examine how urban Black men described their emotional responses in the three months after acute traumatic injury within the context of injury intentionality. We used qualitative methods to illuminate the complexity of responses among this underserved population.

Method

Our study sample was drawn from a larger study focused on the psychological effects of injuries among urban Black men. The purpose of the larger study was to examine individual, institutional, and environmental risk and protective factors across the lifespan that contribute to psychological symptoms after traumatic injuries. Participants were recruited at an urban trauma center in the northeastern United States. Black men were eligible for the study if they had a diagnosis of injury (ICD-9-CM codes 800-995), were at least 18 years old, spoke and understood English, could provide informed consent, and resided in the greater Philadelphia metropolitan region. Men were excluded if they had pre-existing mental status dysfunction or central nervous system injury that impaired the ability to provide consent and participate in interviews, had an active psychotic disorder, had injuries due to suicidal intent, or were currently being treated for depression or PTSD at the time of injury. This study was approved by the Institutional Review Board at the University of Pennsylvania.

Participants were enrolled in the study during acute care after they were medically stable. A research nurse in the trauma service identified patients who met eligibility criteria, explained the study, and obtained written informed consent. Demographic and injury-related information was collected during the intake interview and from the hospital's trauma registry. Injury mechanisms were determined using standardized definitions (e.g., motor vehicle crash, fall, assault, pedestrian, pedal cyclist) [16].

In-depth, semi-structured qualitative interviews were conducted with participants at three months after hospital discharge at participants' homes or at a mutually agreeable location with a private space. Participants were asked open-ended questions about their injuries and their recovery. Questions were broad to

allow exploration of issues raised by participants. The interviews were audiotaped and varied in length, sometimes up to one hour, but in general lasted approximately 30min. At the completion of the interview, participants received a \$50 gift card.

Audiotaped interviews were transcribed verbatim with three steps for quality control. First, the tape was transcribed. Second, a different team member read the transcript while listening to the audiotape to check for accuracy. Finally, when questions arose over the word/wording, the interviewer was asked to listen to that portion of the tape and render a judgment on the accuracy of the transcript. Content analysis was used to systematically identify major and recurrent themes about participants' emotional responses to their traumatic injury. Co-authors reviewed participants' responses and reached consensus on the thematic labels. The qualitative interview transcripts were imported, managed, and coded using NVivo (QSR International).

Results

The sociodemographic characteristics of the 74 participants are provided in Table 1. All participants were Black males. The median age was 33.5 years (range 18–84 years); 49 (66%) men had a high school education or less and 40 (54.1%) reported total annual household incomes less than \$20,000. Prior to injury, 38 (51%) participants were employed, 30 (41%) were unemployed, two (2.7%) were retired, and four participants did not provide employment information. Injury characteristics are provided in Table 2. Approximately 40% (n=29) of the sample sustained unintentional injuries, of which almost half (48.3%) were injured in a fall and one-third (34.4%) were injured in a motor vehicle crash, with the remainder from other injury mechanisms. Of the 45 survivors of intentional injuries, 57.8% were injured by firearms and one-third (33.3%) were injured in stabbings. Major themes and representative quotes are presented below and in Table 3.

Perceptions of traumatic injuries: "I Got Damn Near Killed!"

Participants perceived their injuries to be serious and at times life threatening regardless of injury mechanism. A survivor of an unintentional pedestrian injury described his injury:

It got a rearview camera in the truck, nobody seemed to see, or the driver couldn't seem to see...I got damned near killed. I got crushed...And I'm under there pushing off the bottom of the tire,

Table 1
Demographic characteristics of study participants*.

	All Interview Participants (n=74)	Unintentionally Injured Patients (n=29)	Intentionally Injured Patients (n=45)
Age (median, range)	33.5 (18–84)	47 (18–84)	31 (18–58)
Educational Attainment N (%)			
High school or less	49 (66.2%)	16 (55.2%)	33 (73.3%)
Some college	14 (18.9%)	10 (34.5%)	4 (8.9%)
Associate Degree	6 (8.1%)	1 (3.4%)	5 (11.1%)
Bachelor's Degree or more	4 (5.4%)	1 (3.4%)	3 (6.7%)
Total Household Income N (%)			
<\$20,000	40 (54.1%)	16 (55.2%)	24 (53.3%)
\$20,000–\$39,999	11 (14.9%)	4 (13.8%)	7 (15.6%)
≥\$40,000	11 (14.9%)	5 (17.2%)	6 (13.3%)
Don't Know/Not sure	12 (16.2%)	4 (13.8%)	8 (17.8%)
Employment Status N (%)			
Employed	38 (51.4%)	13 (44.8%)	15 (33.3%)
Unemployed	30 (40.5%)	13 (44.8%)	17 (37.8%)
Retired	2 (2.7%)	1 (3.4%)	1 (2.2%)

*Some participants did not provide all demographic information.

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