

# Protect and Provide: Perceptions of Manhood and Masculinities Among Disabled Violently Injured Black Men in a Hospital-Based Violence Intervention Program

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## Abstract

Exploring the post-injury lives of those who have survived gunshot wounds is essential to understanding the entire scope of firearm violence. The lives of Black male firearm violence survivors are transformed in various ways due to their injuries both visible and invisible. This study explored how Black men who suffer from disabilities via a firearm negotiated their masculine identities. Semi-structured, qualitative interviews were conducted with 10 violently injured Black men participating in a hospital-based violence intervention program. Survivors expressed their thoughts on how their injuries impacted their manhood and masculinities. Three themes emerged: (1) perceptions of manhood, (2) loss of independence and burden on others, and (3) and mobility. These themes highlighted and described how their lives were impacted post-injury and characterized their psychological and physical experience of recovery. The research findings suggest the need for more qualitative studies to further explore the relationship between firearm injury, Black masculinity, and perceptions of manhood. While Black men are understudied in health research and invisible in disability research, they continue to be hyper-invisible when discussing violently acquired disabilities.

## Keywords

qualitative, disability, Black men, firearm violence

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## Background

Firearm violence is the leading cause of death among non-Hispanic Black men, ages 15 to 34. Young Black men carry a greater burden of firearm violence (Currie, 2020) related to death and disability compared with males of other racial/ethnic groups in the United States. Approximately half of the young Black men who survive a violent firearm injury are hospitalized for a similar penetrative injury within 5 years (Richardson et al., 2016, 2020), making non-fatal firearm injury the leading cause of disability and a chronic, and recurrent issue among this population (Rich & Grey, 2005; St. Vil et al., 2018). The ability to manage life post-injury presents challenges with activities of daily living such as bathing or showering, getting in and out of bed, getting dressed, maintaining

employment, and managing pain, to name a few (Lee, 2012, 2013). Surviving firearm injuries not only affects one's mental and physical health, but it may also impact

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personal identity, causing men to examine their lives differently than before they were injured.

With increasing awareness or consciousness of an experience like disability, comes the opportunity to express the nuances of a particular experience in a way that other people can understand. Previous research has suggested that, for men with disabilities, masculinity ideals are likely to be renegotiated depending on salient factors like personal resources, societal expectations, or perhaps even the manner in which the disability occurred (Ricks et al., 2020). For example, among young adult Black men who experienced the onset of chronic disabling conditions resulting in disability, they identified health promotion strategies that they developed over time to help them achieve what they perceived to be the most effective and personal ways to achieve health while maintaining a sense of manhood. In many instances, Black men with disabilities less visible to others reported a tendency to routinely “push through” (Ricks et al., 2020, p. 16) injuries in an effort to fulfill societal expectations of manhood (e.g., stoicism), often resulting in severe disability and debilitating impairment. While this previous research shed some light on how some Black men with disabilities cope with their condition, none of the men in the Ricks et al. (2020) study sample experienced a disability due to violence.

We are aware that men with disabilities adapt their functional abilities based on their environment, perceptions, and social contexts. Little is known about how Black men experience disability and coping when their disability experience occurs as the result of violence. We contend that if services and policies aimed at supporting these men are to be impactful, researchers and practitioners must understand what shapes their ability to adapt and overcome both personal and societal stigma related to idealized masculinity in the context of disability. This study seeks to explore the relationship between Black manhood/masculinities and firearm-acquired disabilities.

## Method and Data

### *Research Design and Procedures*

A qualitative descriptive approach was used to conduct a pilot study to explore how Black male firearm violence survivors understand and cope with their physical disabilities. Qualitative interviewing facilitated the use of open-ended questions that “build upon and explore” participant responses, enabling the participant to “reconstruct his or her experience” (Seidman, 2013). The inclusion criteria for the study were as follows: (1) African American/Black males, (2) over the age of 18, (3) speak English, (4) treated for firearm-related injuries at the local Level I trauma center, (5) live in the city in

which the trauma center was located, (6) have participated in the hospital-based violence intervention program (HVIP) over 3 months, (7) have access to an iPhone or Android for communication, and (8) agree to be audio-recorded during the telephone interview. The study was approved by Rutgers Biomedical and Health Sciences, and a certificate of confidentiality was obtained from the National Institutes of Health.

### *Setting and Recruitment*

Recruitment for the study was conducted through a hospital-based violence program at a level I trauma center located in a northeastern urban region of New Jersey; the HVIP is one of nine in the State. Participants in the HVIP were residents of a large urban center and resided in high-risk neighborhoods where exposure to structural and interpersonal violence was common. Due to an agreement with the hospital, recruitment was conducted by HVIP case managers; the hospital did not permit the researcher to recruit study participants.

Case managers utilized the program's Research Electronic Data Capture (REDCap) database to recruit from their respective caseloads. The REDCap database is a software platform that is used to build and manage online surveys and databases that meet Health Insurance Portability and Accountability Act (HIPAA) compliance standards (Research Electronic Data Capture [REDCap], 2022). Those who met the inclusion criteria were first contacted by their case manager to determine their interest in the study. After initial interest was determined, the study participants' contact information was given to the researcher who contacted the participant to schedule a date and time for informed consent and interview.

### *Data Collection*

Due to the COVID-19 pandemic and social distancing federal guidelines, recruitment and interviews were conducted over the phone. Verbal consent was recorded via a recorder before the interview. After obtaining verbal consent, a semi-structured qualitative interview was used to delve into the day-to-day experiences of living with a firearm-related disability, manhood/masculinities, and the conceptualization of their post-injury body. The interviews were 60 to 90 min in length and provided the opportunity to provide insight and contextual data about living with physical firearm-related injuries. All participants were given the opportunity to take breaks or stop the interview if the conversation became emotionally overwhelming. Interviews were conducted between June and September of 2020. All interviews were recorded and transcribed verbatim using Temi, an online transcription platform. The transcripts served as the primary data

**Table 1.** Demographic Characteristics (N=10)

Participant name	Race	Age	Mechanism Of Injury	Children	Job status	Health insurance	Parole or probation?	Gang affiliation
Kevin	B	40	Gun Shot Wound	1	Unemployed	N	N	Y
Stanley	B	44	Gun Shot Wound	3	Employed	Y	N	N
Jake	B	21	Gun Shot Wound	1	Unemployed	N	Y (probation)	Y
Reginald	B	34	Gun Shot Wound	0	Unemployed	N	N	N
Victor	B	33	Gun Shot Wound	5	Unemployed	N	N	N
Brayden	B	35	Gun Shot Wound	3	Unemployed	N	N	N
Dru	B	28	Gun Shot Wound	1	Unemployed	N	N	N
Jaime	B	30	Gun Shot Wound	0	Employed	Y	N	N
Tommy	B	36	Gun Shot Wound	2	Unemployed	N	N	N
Tariq	B	38	Gun Shot Wound	1	Unemployed	N	N	N

source, providing firsthand evidence of the men's lives after sustaining a firearm-related injury. All participants consented to participate in the study and to provide recorded interviews. Each participant received a \$50 ClinCard, a pre-paid debit card for their time. Pseudonyms were used to protect the anonymity of the study participants and the hospital.

### Data Analysis

The researcher utilized a blended grounded theory approach with constant comparative analysis to analyze de-identified interview transcripts (Creswell & Poth, 2018; Holloway & Galvin, 2016). Interviews were transcribed and anonymized by the interviewer, and transcripts were stored on a password-protected computer. A codebook was created from the 10 transcripts, using an inductive approach to generate codes. The final codebook was discussed with the research team to ensure conceptual clarity.

Each interview was analyzed and compared for similarities and differences, resonances in conversation, and for uncommon, and implied topics with possible underlying connections. Random quality assurance checks were conducted by a researcher. Just as expected, the shape of the interviews evolved as concepts and meanings emerged from the data. Time was spent listening, absorbing, and critically thinking about the recorded conversations. The transcripts were reviewed multiple times to glean out statements that directly highlighted each participant's responses.

## Results

### Participant Demographics

Participants for the study were low-income Black male survivors of non-fatal firearm violence and participated in an HVIP (Table 1). Fifteen (15) participants in the HVIP were approached by their case managers, and 10

met the inclusion criteria and consented to complete the interview. All disclosed their race and gender, identifying as non-Hispanic, African American males and were between 21 and 44 years old. Of the 10 participants, 2 (20%) reported being employed and having employer-based health insurance; the remaining 8 (80%) reported being unemployed and utilizing Medicaid through the State of New Jersey. All participants currently lived or had lived in the city of the HVIP before and after the incident; seven were injured in the city, and three were injured in a contiguous urban area. Most of the study participants described having a physical disability ranging from missing joints to paraplegia. All incidents took place between 2013 and 2020. Two (20%) participants reported being gang-affiliated but were not asked to disclose their membership.

### Interview Findings

Learning to live with a disability is a significant transition for firearm-injured African American men. In addition to physical changes, disability often leads to changes in perceptions of manhood. Intersecting with changes in perceptions of manhood, participants recount how their disability altered how they physically navigate the world and are forced to depend on others, causing them to lose their independence.

**Manhood.** Manhood is complex. In describing some optimal characteristics of what it means to be a man, disabled violently injured Black men discussed the importance of being a protector, provider, responsible, independent, and having self-awareness. Most of the men described hegemonic ideals of manhood and how their definitions of manhood would impact others. Below are quotes to support how complex and multi-dimensional this construct is.

Both participants quoted below identified their manhood starting while adolescents because they had to figure out life on their own. The first participant identified becoming a man at 15 when he was incarcerated. Another participant

was forced to perceive himself as a man at 12 because his aunt saw him as a “grown boy” who wanted to be in the streets. Although their pathways to manhood were different, what was similar was the circumstances that forced them to be seen as “grown men” versus teenage boys.

A man takes care and provides. I take care of mine. I became a man the first time I went away [to jail] because I was on my own [at 15]. You had to learn certain things, a lot of things. (Tommy, 36)

A man is supposed to protect and provide for his family growing up. It was instilled in me by my mom, aunt, and uncle Ron. I grew up around structure and family. I became a man at 12 when my aunt told me she couldn't take care of no grown boy because I wanted to be in the streets, so I had to man up. I was mad at the time but I'm kind of happy [now] because she did it so I could become very independent. I knew I had somewhere to stay as far as a warm bed, roof over my head and a meal, my aunt provided those things for me but as for clothes and stuff like that, I had to go out and find a way to get it on my own. (Dru, 28)

One participant noted his manhood started the day he became a father. On the day of his daughter's birth, he would embody qualities of hegemonic manhood because characteristics such as being a provider were required of him to be a father.

A man is a protector, provider, nurturer and allow your word to be your bond. I became a man on May 18, the day my daughter was born. I made a conscious decision to do everything in my power to make sure she is good. (Victor, 33)

Another participant discussed how he did not see himself as a man until he gained employment in his thirties. For him, economics afforded him the opportunity to support himself or be self-sufficient and independent.

What does it mean to be a man is someone who takes care of responsibility or able to take care of responsibility by any means necessary. I became a man in my 30s. In my 30s, I started to gaining employment and I've been at my job for years now. (Kevin, 40)

This participant highlights how being a man goes beyond hegemonic ideals and examines one's holistic self. Here, there is an understanding that, in addition to character, integrity, and self-awareness, manhood is multi-dimensional.

A man protects and builds. A man is supposed to build a foundation, an empire, and a business. He uses his hands and mind. A man is someone that could be accountable, respectful and someone that leads the way. Someone that stays on the right path and always uplifts other people. You don't have to

have any kind of masculine traits to be a man. It's more about your integrity and character. Are you a good person? Do you help people out? Being a man is also about being aware of other people. A man is being aware of self and being aware of how as a single person can you create a change in the world through positivity and hope. (Tariq, 38)

What makes the following participant unique is him expressing how his mother did a good job teaching him how to be a man since his father was not around. In addition to his mother teaching him, he began to lean on peers and men in the streets to show him what it means to be a man.

Being a man is whatever my mother taught me when I was growing up. My mother was teaching me, but I wanted to wing off and jump in the streets and find out myself. She was showing me but I ain't have a father, so I jumped to the motherfuckers I knew. She did a good job showing and telling me what a man is supposed to do. (Tommy, 36)

**Burden on Others/Loss of Independence.** During the physical recovery process from their injuries, two participants discussed how life has changed since being shot. Both participants found themselves going from independent to dependent, which created a burden for their loved ones. The loss of independence took a toll on some participants.

I'm so used to always being able to get up, go out the door and come back with whatever we need, whether it's food, rent money, you know? It's been taken away from me. I just can't get back to providing for my family. I pride myself on that. I pride myself on being able to take care of my family. I used to tell my wife, “Hey babe, you don't like your job? You don't have to work. You can go back to school, stay at home and do whatever you want. I'll take care of everything, and I was in a position to do that. Now I will not know what it is like because I'm dependent on everybody around me for everything. So now, I just stay at one spot, don't move around too much this way. I don't work up an appetite. I feel like a burden. You know now I can't be burden lifter so my phone don't ring and it fucking sucks.” (Tariq, 38)

You know, physically it is hard to, I walk with a cane or roll around in my wheelchair. I cannot just get up and walk to the store. I got to ask my wife if she wants to go, or I have to pull out my chair and roll to the store. (Tommy, 36)

You can't do nothing the same things. It's impacted my life 100%. From being able to do everything for yourself to not, losing independence. It's not cool as a man. I had to move back into my house. (Reginald, 34)

**Mobility.** While manhood is partially based on physical prowess, three participants described how their injuries impacted their mobility.

For real, to be honest, the days look like the same days, I'm just not walking on my feet, I'm rolling. I still have not



adjusted to being in a wheelchair. It affects me because right now, the chair is too big to go into the bathroom so I gotta do other things to get to the bathroom. I have to get out my chair and get into something else then roll to the bathroom. There are areas that I can't fit in the house. (Barry, 22)

I was shot 16 times. I get upset about little things. I'll be mad my foot will go out on me and my back getting stiff. My body is just mad different now, it's not the same. (Reginald, 34)

Nothing seems normal anymore. You know everything's different. I can't get around the way I normally would. I can't start physical therapy until the wound on my leg closes completely. I won't know the extent of my disability until after the physical therapy. I have drop foot. I can walk but with a limp, it hurts. (Kevin, 40)

Being self-reliant and economically independent is important to men who subscribe to hegemonic ideals. One participant noted how his body moves slower while working due to his injuries. This quote exemplifies how one's injuries can potentially affect employment.

I still use my hand and my legs. I have a rod in my leg now. I still have nerve damage in my hand. I can't use my hand like I used to and my leg, sometimes it hurts. I have to move a little slower with my deliveries because I got to climb up and down the truck and in and out the truck. When I get off work I get to lay down and my leg is killing me- I can't move. I can't do my work like I used to. (Dru, 28)

Despite his injury, which resulted in the loss of functioning in one finger, the participant did not consider himself to be disabled.

I can still do a lot of the same stuff but some stuff I have to do differently because I do not have an IP [interphalangeal] joint in my left thumb, the last bone in your thumb before your nail that allows it to bend at the tip, I don't have that. The bullet disintegrated that out my hand. When they reconstructed my hand, they just did a surgery putting two bones together without the actual joint in the middle. Technically I am disabled but it doesn't look that way. I can do everything a regular person do and better. (Victor, 33)

This participant is unemployed but describes how his physical injuries could impact his work in the future.

I can't work as hard as I want to work. I can't move as fast as I want to move. I have a big ole stomach. It hurts to stand because it weighs so much. I also have a tube on my lung. I got a freaking tube on my lung and it's visible. (Kevin, 40)

## Discussion

In this qualitative study of 10 Black male firearm violence survivors in an HVIP, survivors expressed their thoughts on how their firearm-acquired disabilities/

injuries impacted their manhood/masculinities. Three themes emerged, which highlighted and described how their identity post-injury was impacted: manhood, burden on independence/others, and mobility. The themes characterize the psychological and physical experience of recovery from violent firearm injuries.

Consistent with the literature (Griffith, 2015; Griffith & Cornish, 2016; Gilbert et al., 2016; Hammond & Mattis, 2005), this study found that expressing manhood is an essential aspect of Black men's lives and identities. Usually, both mainstream and scholarly discourses highlight the role of manhood and masculinities in the perpetuation of violence, especially in the case of African American/Black men and firearm violence. Black men's enactment of manhood in public discourse has often relied on historical racial tropes around hyper-aggression, hypersexuality, and muscled physique (Ferber, 2007; Oliver, 2003). However, in this study, participants consistently defined manhood as being able to take care of one's responsibilities—especially their financial responsibilities, this is consistent with Rogers et al. (2015) qualitative study with 17 Black men that identified the “provider” as a traditional masculine trait. Participants expressed great distress in discovering that their disabilities/injuries had hindered their ability to perform these gender roles. Repeatedly, they described how their “altered” bodies made it harder to provide for and protect their families. Their greater dependence on their families, especially on the women in their lives, perpetuated a threat to their manhood. Men's responses suggested that their sense of manhood was partially constructed by institutions, economic and social factors, and the availability of opportunities to perform in traditionally masculine ways. Because their injuries had impacted their bodies, they felt hampered in their ability to be men. This appeared to create mental and emotional distress for the men in this study, suggesting that in a sense, manhood serves as a social determinant of health of Black men (Griffith & Cornish, 2016). According to the hegemonic masculinity theory, men who are closer to the hegemonic masculinity ideal do not rely as extensively on their physical prowess because they can draw from other aspects of their identity to aid the perceptions of their own masculinity (e.g., wealth, breadwinner status, homeowner, married, father, heterosexuality, and social status), whereas men with subordinate masculinities (e.g., Black men) depend on their physical prowess to be more central to their identity as it is easily accessible to them and also very much a requirement, particularly if they are low socioeconomic status (Connell, 2012). This forces them to take on jobs with high physical demand or live in a community in which their physical prowess is protective (Pyke, 1996). Like Rogers et al. (2015), our question focused on gender independent of race. This framing may prompt Black men to discuss aspects of Western traditional masculine characteristics such as protect and

provide, strength, and toughness. It is important for future work to focus on how the physical recovery experience from firearm injuries impacts African American/Black men impact their sense of manhood.

The perception of control is an important construct in hegemonic masculinity discourse (Connell, 2012). Control over one's body is essential to a man's hegemonic status. Disability led to participants' reliance on others, which impacted constructs of bodily control, such as perceived burdensomeness, independence, and physical mobility. Perceived burdensomeness, a term coined by Thomas Joiner as part of his interpersonal theory of suicide, is the belief that one's impairment serves as a detriment to social relationships, particularly those of family members and close friends who often serve in caretaker and social support roles (Joiner et al., 2005). Multiple studies have reported that perceived burdensomeness is interconnected with one's masculine identity (Donker et al., 2014; Trail et al., 2021) and such research is concentrated on suicidality (Khazem & Anestis, 2019; Khazem et al., 2015, 2021) and aging studies (Donker et al., 2014; Smith et al., 2007). The results of this study identify perceived burdensomeness as a crisis that Black men with physical injuries also grapple with. Hegemonic masculinity is associated with independence which is interchangeably defined as self-reliance or autonomy (Smith et al., 2007). Independence is both a function of one's capacity to make decisions for oneself and physical mobility (Smith et al., 2007). Participants report a loss of independence due to physical disability requiring them to rely on others for financial support, completing activities of daily living, and housing. Mobility limitations can affect a man's perception of his physical strength, independence, and ability to protect oneself from harm. Sikweyiya and colleagues' (2022) interviews with 15 men with physical disabilities identified perceptions of diminished respect from others, loss of decision-making and status in household, as well as reduced stamina and sexual performance. Our sample reported impaired mobility impacting employment, while multiple participants reported physical pain as a barrier to mobility after firearm injury. There is a dearth of research on mobility concerns among firearm injury survivors, especially Black men, who are disproportionately impacted.

The concept of employment was hinted at but did not present strongly across the themes. Post-firearm injury, most participants were unemployed, despite having employment before their injuries. A few participants expressed how their disabled bodies impacted their ability to work or work at their full capacity as they did before being injured. What is known is employment is highly related to mobility and the ability to assume and keep the role of the financial provider is important for Black men. More research is needed on the intersection between Black male firearm violence survivors, disability, and employment.

## Limitations

There were several limitations to this study. Many limitations were imposed by the COVID-19 pandemic. Due to the federal social distancing guidelines, the study was conducted remotely which forced study interviews to take place via the telephone instead of in-person. Gaining rapport in tandem with case managers was imperative since interviews were not face to face. The sample size was smaller than originally planned. Another limitation was study interviews captured experiences from participants in a single HVIP located in a single city; therefore, the generalizability of these findings to other HVIPs is limited.

## Conclusion and Implications

Based on this exploratory study, we need more qualitative studies examining manhood and violently injured Black men. In addition, it is vital we explore and examine post-injury supports and complications these men face after their injuries and discharge from the hospital. We can assume that supports and complications for this population do indeed have an impact on their quality of life.

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## Ethical Approval

This study was approved by Rutgers Biomedical and Health Sciences (RBHS; Pro2022001475). Informed consent was obtained from all individual participants included in the study.

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