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Walden University

College of Social and Behavioral Sciences

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Rebekah D. Montgomery

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Review Committee
Dr. Dorothy Scotten, Committee Chairperson,
Human and Social Services Faculty

Dr. Andrew Garland-Forshee, Committee Member,
Human and Social Services Faculty

Dr. Andrew Carpenter, University Reviewer,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Detroit Community Violence and Mental Health Help-Seeking Behaviors of African American Men

by

Rebekah D. Montgomery

MA, Spring Arbor University, 2013

BS, Spring Arbor University, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

November 2021

Abstract

Community violence is a type of trauma commonly experienced in inner cities. Qualitative methods and hermeneutic phenomenology were used to identify connections of low use of professional mental health services by African American men in inner-city settings to chronic exposure to trauma. Sotero's historical trauma theory was used to explain how minority men process trauma in present-day circumstances. Purposeful sampling was used to select seven African American men in Detroit, Michigan who self-reported exposure to community violence. Data were collected via semi-structured interviews and analyzed using three steps: transcribing; listening, reading, and analyzing; and coding using inductive and deductive analysis. Four major themes were identified; family support, community influence, health, and help-seeking behaviors. The results suggested elevated exposure to community violence for African American men in Detroit but did not connect low use of professional mental health services to psychological distress or negative views about mental health services. Furthermore, African American men have learned to embrace their trauma responses as a valuable tool necessary for surviving or avoiding personal experiences with community violence in Detroit rather than a barrier to their personal growth and success of communities. These results were also consistent with literature stating African American men have been understudied and underrepresented in literature involving trauma. Implications for positive social change include conducting additional studies on African American men who have been chronically exposed to trauma and incorporating their ideas for improving mental health into the development of effective interventions.

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Dedication

I dedicate this project to my son, Ryan. I am your number one fan and your biggest advocate. I love you and I pray God's peace and protection over you daily. May the world become a better place so that you may experience the peace, happiness, growth, and success that comes with positive mental health.

To the African American men in my family and in my community: I see you, I hear you, I support you, I love you. I pray that you also experience the luxuries of positive mental health.

Acknowledgments

Jeremiah 29:11 “For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future (NIV). First and foremost, GOD, I thank You! You brought me to it, You brought me through it…I trust Your plan for the future!

To my family and friends: I MADE IT Y’ALL! This has been a journey and each and every one of you have been on this roller-coaster ride with me. The love and support I have felt is immeasurable. Thank you for your prayers, ideas, encouragement, and love. Thank you for understanding when I missed events or couldn’t be there for you when you needed me. I have the best support system in the world and I wouldn’t trade you for all the PURPLE in the rainbow! I LOVE YOU!

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To my committee members: Dr. Dorothy Scotten, Dr. Andrew Garland-Forshee, and Dr. Andrew Carpenter. For your willingness to serve on my committee, for sharing your expertise, for your guidance, for your patience, and for your commitment to excellence, I sincerely thank you. This has been a beautiful struggle of evolution and growth. Because of you, I am ready! Thank you!

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Chapter 1: Introduction to the Study

Introduction

Community violence is a type of trauma (Violence Policy Center, 2017) that commonly occurs in inner-city African American communities (Breslau, 2009; Singletary, 2019; Smith & Patton, 2016). African American communities encounter higher rates of violence and traumatic experiences and often experience multiple traumas simultaneously (Myers et al., 2015; Pinderhughes et al., 2015; Range et al., 2018). Exposure to the traumatic events of community violence often results in emotional and psychological distress that disrupts the functioning and healthy development of individuals within their communities (Breslau, 2009; Burkett, 2017; National Alliance on Mental Illness (NAMI) Michigan, 2016; Violence Policy Center, 2017).

African American men experience trauma via community violence at higher rates than other minority groups (Breslau, 2009; Graham, 2017; Singletary, 2019), have higher unmet mental health needs than other minority groups (Burkett, 2017; Campbell & Allen, 2019; Kim et al., 2017), and are less likely to seek professional mental health services (Burkett, 2017; Shim et al., 2017; Taylor & Kuo, 2018; Walton & Payne, 2016; Williams & Cabrera-Nguyen, 2016). Mental health connects directly to quality of life (Bryant-Davis et al., 2017; NAMI Michigan, 2016; Shim et al., 2017) and overall wellbeing (Graham, Yaros, et al., 2017). Identifying barriers to help-seeking is important for the growth and development of African American men and their communities (Breslau, 2009; NAMI Michigan, 2016; Singletary, 2019).

In this chapter, I examined the significance of African American men and their lived experiences with community violence, the research question, theoretical framework, nature of the study, definitions of key terms, assumptions, and limitations of the study.

Background

Researchers investigating help-seeking behaviors among African Americans have identified barriers such as stigma, cultural beliefs, cultural distrust, socioeconomic status, and denial of symptoms as underlying causes of underuse of mental health services (Avent et al., 2015). Burkett (2017) said although researchers have heavily examined identified barriers and found them to be valid, they are "arguably incomplete" (p. 814). Other factors include repeated exposure to traumatic stressors; such exposure predicts individuals' perceptions of psychological distress and influences their decisions to seek professional psychological help (Watson & Hunter, 2015). Traumatic stressors such as community violence (Seth et al., 2017) have been common in disadvantaged African American inner-city communities in the United States (U.S.) and have often led to serious mental illness (Breslau, 2009; Cross et al., 2018; Singletary, 2019).

Communities with high rates of violence also have high rates of trauma (Pinderhughes et al., 2015; Range et al., 2018). Those living in African American communities have had the highest exposure to various types of trauma (Burkett, 2017; Danzer et al., 2016; Graham, Yaros, et al., 2017; Myers et al., 2015; Range et al., 2018; Singletary, 2019) but have used mental health services less than individuals of other races (Burkett, 2017; Shim et al., 2017; Taylor & Kuo, 2018; Walton & Payne, 2016; Williams & Cabrera-Nguyen, 2016). Trauma resulting from community violence leads directly and

indirectly to substance abuse, risky sexual behavior, and poor mental health (Seth et al., 2017). Members of non-European American communities have faced considerable difficulty accessing behavioral health services (Peterson et al., 2019), and their symptoms have often gone untreated. Unaddressed trauma experienced resulting from community violence produces adverse outcomes that include severe emotional distress, mental health concerns, and perpetuation of community violence (Lane et al., 2017; NAMI Michigan, 2016; Singletary, 2019; Watson & Hunter, 2015).

Traumatic experiences are not specific to a particular race: Approximately 90% of the U.S. population experiences at least one traumatic event in their lifetimes (Despeaux & Jahn, 2017). However, African Americans have experienced long-term mass trauma for multiple generations, as described by historical trauma theory (Sotero, 2006). Trauma exposure causes a rippling of symptoms far beyond those who directly witness or experience violence, and all members of the community feel its impact (Pinderhughes et al., 2015). Repeated exposure to community violence impacts not only the mental and emotional health of African Americans, but also their help-seeking behavior (Watson & Hunter, 2015). Watson and Hunter (2015) said underuse of mental health services by African Americans is a result of their inability to view their experiences as traumatic. Breslau (2009) said African Americans have become desensitized to violence and resulting symptoms of trauma due to exposure to high rates of violence, racism, discrimination, and poverty in their communities.

The setting for the study was Detroit, Michigan. Detroit is the largest city in Michigan and has the highest concentration of African Americans in the state (U.S.

Census Bureau, 2019). According to the U.S. Census Bureau (2019), Detroit had a population of 672,662 people in 2019, 79% of them African American. From 2013 to 2018, crime in Detroit steadily decreased each year (Detroit Crime Viewer, 2019). However, in 2018, Detroit remained the second most violent city in the U.S., with 13,478 reports of violent crimes (Federal Bureau of Investigation [FBI], 2019). Violent crimes reported in Detroit in 2018 included 9,920 aggravated assaults, 2,309 robberies, 988 rapes, and 261 murders (FBI, 2019). More than 75% of violent crimes involved African American men (Detroit Crime Viewer, 2019). These statistics are likely underestimated because distrust for police and the justice system often creates barriers between victims and community members and law enforcement officers; Many crimes go unreported as a result (Bryant-Davis et al., 2017).

While I could find no exact rates of exposure to violence, psychological distress, and use of professional mental health services for African American men living in Detroit, Detroit was an optimal location for the study because the majority of its people are African American, the likelihood of community violence is high, and African American men there are at increased risk of trauma.

Problem Statement

Although research includes important findings regarding the prevalence of trauma exposure, elevated rates of psychological distress, and reduced use of mental health services in inner-city African American communities exposed to violence, the problem was I found no research regarding how trauma exposure impacts perceptions of psychological distress and help-seeking behaviors among African American men.

Therefore, further research was warranted to explore the lived experiences of African American men who have experienced trauma via community violence in an inner city.

Purpose

The purpose of this qualitative study was to explore the lived experiences of African American men who have experienced trauma via community violence in Detroit, Michigan. The goal of the study was to better understand participants' perceptions of traumatic experiences, specifically the need for professional mental health services and help-seeking behaviors. Findings of this study may be used to educate professionals and scholars, increase awareness about connections between chronic trauma exposure and serious mental illness among African American men, create solutions to increase use of mental health services, educate community members about mental illness and appropriate treatment options, and encourage help-seeking behavior among African Americans.

Research Question

A single qualitative research question was used to guide the study: What are the lived experiences and help-seeking behaviors of African American men in Detroit, Michigan who have experienced trauma via community violence?

Theoretical Framework

To gain a better understanding of how African Americans are impacted by exposure to trauma via community violence, I used Sotero's historical trauma theory as the framework for the study. Historical trauma theory is based on the idea that communities whose members have been subjected to long-term mass trauma, such as colonialism, slavery, war, and genocide, have a higher prevalence of health concerns

even several generations after the initial occurrence of the trauma (Sotero, 2006). Sotero stated that there are distinct assumptions associated with historical trauma theory. Intentional continuation of mass trauma is “very different” from trauma resulting from accidents or forces of nature, and Sotero encouraged more research to make connections and eliminate health disparities. The principles of historical trauma theory are that:

> (1) mass trauma is deliberately and systematically inflicted upon a target population by subjecting, dominant population; (2) trauma is not limited to a single catastrophic event, but continues over an extended period of time; (3) traumatic events reverberate throughout the population, creating a universal experience of trauma; and (4) the magnitude of the trauma experience derails the population from its natural projected historical course resulting in a legacy of physical, psychological, social and economic disparities that resist across generations (Sotero, 2006, p. 94–95).

While trauma in theory is historical by nature, consideration must be given to historical trauma theory as discrimination is severe and pervasive and is a current threat to the safety and wellbeing of African Americans. African Americans continue to be plagued by daily encounters of multiple types of trauma, including community violence (Graham, Yaros, et al., 2017), oppression, racial discrimination (Burkett, 2017), and police brutality (Bryant-Davis et al., 2017). In this study, historical trauma theory was used as a guide to explain how trauma is experienced and processed by African Americans in present-day contexts and will help to assess meaning to individual experiences.

Nature of the Study

This qualitative study was based on key concepts of hermeneutic phenomenology. Qualitative methods allow researchers to collect data directly from participants via interviews, focus groups, oral or written expressions, and observations (Waters, 2017). Phenomenological research allows researchers to understand study participants from their points of view (Churchill, 2018). Qualitative research also helps to identify patterns and themes from participants' views, experiences, and beliefs (Ravitch & Carl, 2016). From those patterns and themes, researchers can obtain answers to research questions and form possible solutions. A hermeneutic inquiry was useful in this study since each individual processes his experiences uniquely, and hermeneutic phenomenology helped to contextualize those experiences (Churchill, 2018).

Definitions

In this section, I provide definitions for this study. These definitions provide context for the use and purpose within this study.

Community violence: (noun) describes *who* is affected by the violence (Violence Policy Center, 2017).

Community violence: *(verb)* a type of trauma that directly results from acts of violence within communities (Violence Policy Center, 2017). Community violence can involve direct or indirect exposure to violence within a community (Graham, 2017). The violence is intentional, committed in shared public spaces, and occurs between individuals who may or may not know each other (Pinderhughes & Williams, 2015).

Help-seeking behaviors: behaviors which involve searching, requesting, and actively pursuing treatment for mental or emotional distress (American Psychological Association, 2020). This study only focused on treatment sought from a professional who is licensed and degreed per state requirements to treat mental or emotional distress.

Professional mental health services: treatment services including counseling, psychological testing and assessments, and medication treatment, which are provided by individuals who are degreed and licensed according to state requirements and trained to make diagnoses (Mental Health America, 2020). These individuals provide services in community mental health agencies, inpatient or outpatient treatment facilities, psychiatric institutions, general hospitals, schools, and private practices (NAMI, 2020).

Serious mental illness (SMI): a mental, behavioral, or emotional disorder that can be diagnosed according to criteria defined by *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*; Holden et al., 2015). SMI alters individuals thought process, mood, feelings, and emotions (NAMI, 2016). Symptoms of SMI range in severity from mild to moderate to severe and persistent (Avent et al., 2015).

Trauma: a single or reoccurring event during which an individual experiences or witnesses a real or perceived threat of serious injury or death (Lazaratou, 2017; Peterson et al., 2019).

Assumptions

I conducted this study based on four main assumptions. The first assumption was that due to the high prevalence of community violence and trauma, there is a significant need for mental health care in the African American community, particularly for African

American men. The next assumption was that use of professional mental health services was low among African American men due to the lack of understanding of need for care rather than lack of desire for care or other factors such as socioeconomic status, culture, or stigma. The third assumption was that the identified population-African American men- and the setting-Detroit, Michigan- are both beneficial and relevant to the study. The final assumption was that all participants were willing to participate in the study and gave honest accounts of their experiences, perceptions, and behaviors in order to add information to existing literature concerning lived experiences and help-seeking behaviors of African American men following exposure to trauma via community violence.

Scope and Delimitations

This study included African American men who lived in Detroit, had experienced any form of community violence, and were between the ages of 18 and 40. No other demographics were examined in this study. All data from this study were collected directly from participants.

Limitations

A possible limitation of the prospective study involved the expected difficulty of soliciting participants to engage in community focus groups or individual interviews, which potential participants may perceive as participation in mental health services. This particularly affected individuals who have negative views regarding mental and emotional illness or help-seeking. It was imperative to recruit a well-rounded sample of individuals with a variety of levels of understanding, beliefs, and perceptions regarding

mental and emotional health issues; otherwise, the resulting biased data would only represent those with favorable beliefs.

A geographical limitation was present due to time and financial constraints. I was only able to access a small sample of data collected from African American men in Detroit as they were easily accessible. Valuable data may be omitted from the study due to my inability to access data from other communities. However, there is potential for the study to be replicated in other communities in the future.

There were concerns involving the sensitive nature of data collected, provoking ethical concerns. I asked participants to discuss personal traumatic experiences which could in itself cause psychological distress. I requested confidential information from participants regarding the presence of psychological disorders and participation in mental or emotional health services, including type and duration of treatment. Some participants may have been abused or subjected to violence and so may have belonged to a vulnerable population. The Walden University Institutional Review Board (IRB) reviewed the prospective study and revised it as necessary. I made all necessary adjustments according to recommendations of the IRB prior to starting the study. All ethical considerations were discussed with each participant both verbally and in writing as required by the IRB.

Significance

NAMI Michigan (2016) suggested that a great need had developed to educate community members about psychological distress and encourage them to seek help when necessary. Untreated serious mental illness often results in relationship concerns, loss of basic needs and resources (such as housing and income), increases in physical health

concerns (NAMI Michigan, 2016), community violence, and legal concerns such as inappropriate incarcerations (Anderson et al., 2016). Serious mental illness can cause severe disruptions of life, and delaying or avoiding treatment can complicate recovery and hinder community restoration (DeFigueiredo et al., 2009). For inner cities impacted by elevated rates of violence and subsequent mental illness, the implications for positive social change include support, education, and promotion of positive mental health for overall growth and improvement of racial minority communities.

Summary

Information regarding experiences with community violence involving the help-seeking behaviors of African American men is lacking due to low use of professional mental health services. More research is necessary to understand help-seeking behaviors of African American men and educate mental health professionals, scholars, and community members to encourage increased use of valuable mental health services and promote strategies that lead to restoration, healing, and wellbeing of individuals and communities, deter violence, and improve quality of life.

In Chapter 2, I provide foundational knowledge through a review of current literature on African American men, community violence, and help-seeking behaviors.

Chapter 2: Literature Review

Introduction

Exposure to trauma, particularly trauma related to community violence, has been a major concern in African American inner-city communities (2009 Breslau, 2009; Cross et al., 2018; Graham, Yaros, et al., 2017; Singletary, 2019). Community violence results in emotional and psychological distress that disrupts the functioning and healthy development of individuals within their communities (Breslau, 2009; Burkett, 2017; NAMI Michigan, 2016; Violence Policy Center, 2017). For African American men, experiences with trauma are higher because of their increased exposure to community violence (Graham, Yaros, et al., 2017; Singletary, 2019). Repeated exposure to trauma negatively influences perceptions of psychological distress and the need for mental health care (Watson & Hunter, 2015). African American men may not seriously consider the emotional and psychological consequences of being traumatized by community violence, and as a result, may become desensitized to its effects (Breslau, 2009; Graham, Yaros, et al., 2017).

To address disparities in mental health care for African American men, it is necessary to explore the impact of trauma via community violence on their use of mental health services. In Chapter 2, I reviewed current literature detailing the prevalence of trauma in predominantly African American inner-city communities due to elevated rates of community violence, the increased need for professional mental health services that results from trauma exposure, and low use of mental health services among African American men. The following literature review contains information supporting the need

to explore trauma via community violence as an underlying cause of lack of use of mental health services by African American men.

Literature Search Strategy

To conduct a comprehensive search of current literature, I used the following online search engines: Google Scholar, EBSCOHost, PsycARTICLES, PsycINFO, PsycTherapy, and ProQuest. Following Walden University's requirements, I limited all searches to peer-reviewed scholarly journal articles published between 2015 and 2020, with a few exceptions for older seminal research. Keywords and phrases used in the search were: *African Americans*, *Black Americans*, *community trauma*, *community violence*, *Detroit, Michigan*, *Detroit crime*, *Detroit violence*, *Detroit community mental health*, *help-seeking*, *mental disorders*, *mental health*, *mental health treatment*, *intervention or therapy*, *mental illness*, *trauma*, and *traumatic experiences*. For information regarding Detroit, specifically, I searched the websites of the Detroit Police Department, Michigan Department of Health and Human Services, and the FBI.

Theoretical Framework

According to the historical trauma theory, mass trauma, such as war, slavery, and genocide, that is both long-term and passed through generations causes psychological distress in the past, present, and foreseeable future (Bryant-Davis et al., 2017; Sotero, 2006). The overwhelming use of violence, segregation, deprivation, and deculturalization by the dominant population results in symptoms and risk factors that are transmitted throughout generations of communities with trauma histories (Danzer et al., 2016). The term "historical trauma" encompasses severe cultural trauma in which traumatic

experiences of a particular cultural group are designed, repeated, shared, and remembered throughout multiple generations (Bryant-Davis et al., 2017; Burkett, 2017). Researchers investigating trauma have mainly focused on impacts on individuals; however, historical trauma theory shifts focus to the impact on a community as a whole.

According to Sotero (2006), historical trauma theory has four main assumptions: (a) mass trauma is both systematic and deliberately imposed on a specific group of people by a more dominant group of people; (b) mass trauma may include a single event or several events with long-lasting effects; (c) the effects of traumatic events are widespread throughout the affected population; and (d) traumatic events cause stagnation of progress that results in social, economic, physical, and psychological disparities that pass through many generations. The basic theory accounts for experiences of, responses to, and intergenerational transmission of historical trauma throughout the targeted population.

Descendants of individuals who directly experienced a particular race-based trauma continue to show evidence of psychological distress related to the trauma, even though they did not experience it directly (Bryant-Davis et al., 2017). Historical trauma theory indicates that trauma conveyed via psychological, environmental, and social means creates psychological and emotional repercussions that are passed through generations, causes cyclical trauma responses in target groups and leads to significant intergenerational suffering (Lane et al., 2017; Sotero, 2006). Sotero's original study of trauma experienced by Holocaust survivors led to the development of the historical trauma theory. However, it is important to connect the traumatic experiences of African

Americans to historical trauma theory without minimizing and marginalizing individuals' experiences of oppressive trauma.

African Americans have suffered psychological and emotional injuries from historical trauma in the forms of slavery, inequality, racism, oppression, extreme poverty, and genocide (Bryant-Davis et al., 2017). Although trauma is by definition historical (Sotero, 2006), historical trauma theory gives special consideration to discrimination that is severe, pervasive, and poses a threat to the safety and well-being of African Americans (Danzer et al., 2016). Constraints of historical trauma can weaken communities (Lane et al., 2017). Each failed attempt to rebuild a community affected by historical trauma creates cycles of negative reinforcement that increase the likelihood of maladaptive behaviors and perpetuation of community violence (Lane et al., 2017).

African Americans have been plagued by daily encounters with trauma, including community violence, oppression, racial discrimination, and police brutality (Bryant-Davis et al., 2017; Burkett, 2017; Graham, Yaros, et al., 2017). Using historical trauma theory, Sotero made connections between public health disparities for racial minorities and prolonged exposure to mass, complex, and chronic trauma; compromised mental health; decreased community solidarity; and increased distrust of mental health services (Burkett, 2017). Sotero intended historical trauma theory to bring perspective to mental health professionals and encourage the development and use of methods for improving individuals' experiences with mental health services. For the purpose of this study, historical trauma theory was used as a guide to assess meaning to experiences with trauma via community violence.

Community Violence

Community violence is multifaceted because it is both a type of trauma and an aspect of trauma (Violence Policy Center, 2017). The Violence Policy Center (2017) said community violence, interpreted as a type of trauma, refers to violence that affects communities and the consequences of that violence. The same term, interpreted as an aspect of trauma, refers to people affected by the violence (Violence Policy Center, 2017). Community violence involves direct or indirect exposure to violence within a community (Graham, Yaros, et al., 2017). Violent acts involved are deliberate, take place between individuals who may or may not know each other, and most often occur in public areas (Pinderhughes et al., 2015).

Although any community can experience community violence and mass trauma in the form of a natural disaster, war, terrorism, violence, or assault, rates of violence and traumatic experiences are higher in African American communities, and multiple types of trauma often occur simultaneously in those communities (Myers et al., 2015; Range et al., 2018). Inner-city African Americans have an elevated risk of exposure to assaultive violence (Breslau, 2009; Singletary, 2019). Assaultive violence includes sexual assault, rape, physical assault, robbery, homicide, and threats of any kind of violence (Breslau, 2009; FBI, 2019; Peterson et al., 2019; Seth et al., 2017). Witnessing or experiencing assaultive violence is a traumatic experience that may affect one individual or an entire community (Pantas et al., 2017; Peterson et al., 2019).

According to Breslau (2009), violence produces traumatic stress and places an extreme burden on inner-city African American communities. Exposure to community

violence is connected to psychological trauma (Lane et al., 2017; Peterson et al., 2019). Researchers have directly and indirectly linked the psychological trauma associated with community violence to poor physical health, poor mental health, perpetuated violence, substance abuse, risky sexual behaviors (Seth et al., 2017), and premature death (Peterson et al., 2019). Individuals living in communities with high rates of violence and prolonged exposure to trauma fail to thrive, because they cannot function well enough to care for themselves and others (Lane et al., 2017).

African Americans have been experiencing community violence at alarmingly high rates (Graham, Yaros, et al., 2017). In communities where violence is common, fight, flight, and freeze skills become essential for survival, and the use of maladaptive coping behaviors, such as violence, crime, and alcohol and substance abuse, become more prevalent (Range et al., 2018). Most researchers investigating trauma exposure have focused on the impact of trauma on an individual, and few have addressed the impact on the individual’s community (Sotero, 2006). Communities affected by violence also have high rates of poverty, unemployment, drug and gang crime, and racial discrimination (Peterson et al., 2019).

Community Violence in Detroit

Breslau (2009) studied violence in Detroit and reported that Detroit inner-city neighborhoods experienced trauma via assaultive violence more frequently than people on the outskirts of the city or in the surrounding suburban areas. Assaultive violence includes sexual assault, rape, physical assault, robbery, homicide, and threats of any kind of violence (Breslau, 2009; Federal Bureau of Investigation, 2019). Breslau showed that

surrounding suburban areas, were more likely to experienced other types of trauma—including injuries, shocking experiences, and sudden unexpected deaths—and had fewer instances of assaultive violence, while Detroit residents regularly experienced both types of trauma. Experiencing multiple types of trauma for long periods of time increases the complexity of the resulting trauma symptoms (Violence Policy Center, 2017). Although Breslau's study of Detroit occurred in 2009, the residents of the inner-city, who belong predominantly to racial minorities, have remained at chronically elevated risk of exposure to violence and trauma.

Trauma

Trauma is highly subjective and can occur after a single or recurring event during which an individual experiences or witnesses a real or perceived threat of serious injury or death (Lazaratou, 2017; Peterson et al., 2019). A traumatic event may affect one individual or an entire community of individuals (Pantas et al., 2017). Traumatic events vary in severity, intensity, and complexity (Pantas et al., 2017; Range et al., 2018). Trauma may result from direct involvement in, firsthand observation of, or hearsay about any event perceived to be violent or life-threatening (Graham, Yaros, et al., 2017; Thomas et al., 2016). A traumatic event is so intense that the traumatized individual becomes emotionally overwhelmed and unable to respond appropriately (Lazaratou, 2017; Peterson et al., 2019); innate protective skills, such as fight, flight, or freeze, become compromised and are ineffective against trauma (Range et al., 2018). A traumatized person can lose the ability to cope, which leads to feelings of intense hopelessness, helplessness, fear, and distress (Bryant-Davis et al., 2017).

Common symptoms of trauma include cognitive symptoms (e.g., irritability, depression, memory loss, poor concentration, low motivation, and aggression), emotional symptoms (e.g., feelings of hopelessness, worthlessness, fear, guilt, and sadness), and somatic symptoms (e.g., changes in appetite, sleeping patterns, physical pain, and slowing of speech, thoughts, and movements; Singletary, 2019). The aftermath of a traumatic event can cause psychological distress in the form of intrusive recollections of the event; sleep disturbances; avoidance of people, places, or situations that recall memories of the event; difficulty focusing; and hyperarousal (Breslau, 2009; Pantas et al., 2017). Traumatic memories can be very difficult to erase because they become psychologically ingrained (Lazaratou, 2017), and the consequences of this can be psychological, physical, spiritual, or relational (Pantas et al., 2017). Individuals often develop maladaptive behaviors to avoiding painfully reexperiencing traumatic events (Breslau, 2009). Trauma survivors may attempt to distract themselves from difficult memories or numb their responses to such memories by abusing alcohol or other substances (Pantas et al., 2017). However, individuals differ greatly in how they process, and are affected by, the same traumatic event (Boals, 2018). Each individual has their own unique response to trauma (Pantas et al., 2017).

Trauma Exposure

Trauma exposure disrupts an individual's proper physical, biological, mental, and emotional development (Range et al., 2018). Repeated exposure to trauma overloads and damages the nervous system (Sotero, 2006), eventually altering how it interprets the difference between real and imagined threats (Singletary, 2019). Severe and prolonged

exposure to trauma can cause significant changes at the chemical and anatomical level, which ultimately alters future responses to stress (Lazaratou, 2017). An individual's perception of the intensity and severity of a stressor, genetic makeup, and physical and mental capacity impact the stress response (Purewal et al., 2016), and an individual's response to traumatic events is directly connected to factors such as culture, socioeconomic status, gender, and race (DeLisi et al., 2017).

African Americans and Latino Americans have the greatest exposure to trauma and adversity but have often been underrepresented in trauma studies (Myers et al., 2015). Ninety percent of U.S. citizens experience a traumatic event in their lifetimes (Despeaux & Jahn, 2017). However, members of racial minorities experience more traumatic events in their lifetimes than European Americans do (DeLisi et al., 2017). In the United States, trauma exposure has the greatest impact on the mental health of those who experience war-like violence and psychological harm while living in urban areas with populations dominated by racial minorities (Cross et al., 2018; Danzer et al., 2016; Pinderhughes et al., 2015).

Violence is one kind of major traumatic event that weighs heavily on residents of inner-city African American communities (Breslau, 2009; Smith & Patton, 2016). African Americans have a long history of cultural trauma, including violence, slavery, discrimination, and oppression (Burkett, 2017; Myers et al., 2015), that has caused intergenerational cycles of trauma (Sotero, 2006) and increased risk of developing of mental health concerns (López et al., 2017). African Americans are also at elevated risk

of experiencing all dimensions of trauma simultaneously, making healing and recovery more complex (Range et al., 2018).

Traumatic and stressful life events cause distress and changes in emotional, mental, and physical health, and these events negatively impact overall quality of life (Bryant-Davis et al., 2017; Peterson et al., 2019). Psychological distress resulting from generational or lifelong exposure to trauma that is deliberately directed toward a specific cultural group (Burkett, 2017; Sotero, 2006), along with chronic exposure to violence, results in long-lasting emotional damage that contributes to dysfunctional interpersonal relationships and role functioning as well as difficulty mastering basic life skills (Sotero, 2006). For both individuals and communities, potential for growth and success gained prior to experiencing a traumatic event can be lost and very difficult to regain afterward, because trauma can alter personal and world views (Range et al., 2018).

Race-Based Trauma and African Americans

At the center of trauma for many African Americans is systematic oppression and racial discrimination (Range et al., 2018). African Americans of all ages have reported experiencing racial discrimination in their neighborhoods, schools, workplaces and elsewhere (Anderson et al., 2018). More than 90% of African Americans have reported experiencing at least one encounter with racism or discrimination in their lifetimes (Anderson & Stevenson, 2019; Bilkins et al., 2016; Danzer et al., 2016; Hoggard et al., 2019). More than 50 years after the passing of the Civil Rights Act of 1964 with the intent to stop the systematic oppression, discrimination, and racism of the Jim Crow laws (Anderson et al., 2018), 97% of African Americans reported daily encounters with racial

discrimination (Graham, Yaros, et al., 2017; Hoggard et al., 2019). From the civil rights era to the present day, the majority of African Americans have reported feeling like there has been no progress rectifying racial discrimination (Anderson et al., 2018).

Racism directed by European Americans toward African Americans meets the criteria for trauma (Danzer et al., 2016), and racism can be deeply traumatic to its victims (Graham, Yaros, et al., 2017). Encounters with racial discrimination can include racial profiling, killing by police or other authority figures, bullying, exclusion from school (Anderson & Stevenson, 2019), harassment, and hate crimes or threats of hate crimes (Hemmings & Evans, 2018). Prolonged exposure to racial discrimination has often resulted in decline in psychological, behavioral, and physical health (Anderson & Stevenson, 2019). Racism is a common experience for members of racial minorities in the United States and impacts many different aspects of individuals' daily lives (Hemmings & Evans, 2018). Racism affects self-concept, self-confidence, identity, interpersonal relationships, mental and physical health, overall well-being, and quality of life (Bryant-Davis et al., 2017; Danzer et al., 2016; Hemmings & Evans, 2018). If the impact of racial discrimination goes unaddressed, it can lead to trauma symptoms that debilitate health, well-being, and quality of life (Anderson & Stevenson, 2019).

Race-based trauma is the psychological consequence for victims of race-based oppression and discrimination (Bryant-Davis et al., 2017). Incidents of racism and racial discrimination worsen preexisting psychological conditions by, for example, interfering with an individual's ability to cope with and manage stress and mood (Danzer et al., 2016). Race-based traumatic stress is associated with direct firsthand experience of,

witnessing of, or knowledge of racial discrimination (Anderson & Stevenson, 2019). The impact of racial trauma on a particular African American is hard to predict, because one person may sustain significant mental or physical injuries but another may dismiss or downplay the impact (Danzer et al., 2016).

The history of oppression of African Americans has become a barrier to seeking professional mental health services (Anderson et al., 2018). Bilkins et al. (2016) reported that the leading cause of African Americans underusing mental health services stemmed from the United States' history of racial discrimination. It is imperative for mental health professionals to understand how racial discrimination contributes to the stress and mental distress of individuals, family members, and members of the African American community as a whole (Anderson et al., 2018; Goodwill et al., 2018). It is also important for mental health professionals to encourage those living in inner-city communities to engage in interventions that teach coping skills for managing the stress and the mental distress caused by racial trauma (Anderson et al., 2018; Goodwill et al., 2018).

Police Brutality and Trauma

Police brutality is unwarranted aggression, abuse, or violence perpetrated by law enforcement officers or other people in government-granted positions of authority (Bryant-Davis et al., 2017). Police brutality creates an overall general distrust for governmental officials (Crichlow & Fulcher, 2017). Historical trauma includes instances of police brutality because police historically carried out then-legal acts of racism against racial minorities (Bryant-Davis et al., 2017). Police have appeared to aim their brutality at members of racial minorities, and police brutality has become viewed as a mass trauma

by African Americans (Range et al., 2018), because many African Americans have viewed abuse by law enforcement as a continuation of historical oppression (Crichlow & Fulcher, 2017). The psychological consequences of racially motivated police brutality include anger, shame, fear, self-harm, violence, and distrust of police and other people in authority (Bryant-Davis et al., 2017).

Anger, fear, violence, and distrust for police have worsened across the nation as concern has increased regarding the shooting of unarmed African American men by police (Crichlow & Fulcher, 2017). African Americans are 3 times more likely to be killed by police than their European American counterparts (Range et al., 2018). All major news networks and social media sources have broadcast highly publicized shootings of unarmed African Americans, which have drawn national attention and reactions (Range et al., 2018). Police brutality publicized through news, social media, and other technological means increases the risk of witnessing community violence (Graham, Yaros, et al., 2017; Thomas et al., 2016; Oh et al., 2017).

News and media outlets have displayed racially charged views of the aftermaths of police shootings that incite fear, anger, and aggression within affected communities and fuel conflict with those with opposing views (Crichlow & Fulcher, 2017). The use of technology, often assisted by anonymity, has permitted a wider range of victims of racially charged rhetoric (Hemmings & Evans, 2018). It is therefore also important to consider the influence of news, social media, and other outlets on the circulation of violence, police brutality, and subsequent racial trauma through communities (Crichlow & Fulcher, 2017). Those who did not know—or even live in the same community as—the

victim of a particular incident of police brutality may become vicariously traumatized while watching video of the incident, particularly when the watcher has commonalities with the victim, such as race or gender (Range et al., 2018). This is particularly true for African American men, who have been disproportionately affected by police brutality (Thomas et al., 2016).

Help-Seeking

Each year, 61,500,000 adults in the United States suffer from symptoms of mental illness (Kim et al., 2017; Williams & Cabrera-Nguyen, 2016), but only one third seek professional mental health treatment (Bilkins et al., 2016; Hammer et al., 2018). Sixty percent of those not receiving necessary mental health treatment are African American (Williams & Cabrera-Nguyen, 2016), as African Americans underuse mental health services at higher rates than other racial minority groups (Burkett, 2017; Shim et al., 2017; Taylor & Kuo, 2018). According to Avent et al. (2015), race is a better predictor of help-seeking behavior than other factors such as socioeconomic status or educational background. Racial disparities in help-seeking behaviors are the result of complex factors (Breslau et al., 2017) that likely include the history of maltreatment of African Americans in healthcare and other forms of racial trauma that cause individuals to delay or avoid seeking help (Cai & Robst, 2016). Eliminating racial disparities in mental health is essential for the healthy development, improvement, restoration, and progress of African American inner-city communities (NAMI Michigan, 2016).

Perceived Need and Help-Seeking

Because understanding racial disparities in mental health is key to eliminating them (Goodwill et al., 2018; Kim et al., 2017), it is important to note that there is a connection between individuals' perceived need for mental health services and their race (Breslau et al., 2017; Graham, Hasking et al., 2017). In particular, African Americans perceive the need for mental health services differently from those of other races (Cai & Robst, 2016). Researchers have associated race with differences in interpretations of mental health need, causes of mental distress, and mental health conditions (Breslau et al., 2017; Cai & Robst, 2016). African Americans are less likely to see themselves as needing mental health services than European Americans (Breslau et al., 2017; Cai & Robst, 2016), and even after need is established African Americans seldom pursue professional mental health treatment (Breslau et al., 2017; Graham, Hasking et al., 2017).

Trauma and Help-Seeking

African Americans are significantly affected by many social factors that negatively impact their mental health (Avent et al., 2015). The psychological stress of inner-city poverty, for example, increases the need for mental health services (Bryant-Davis et al., 2017). Mental health becomes a low priority, and as people struggle to obtain food, stable housing, reliable transportation, and employment, they find it extremely difficult to attend and engage in treatment services, even when they have positive help-seeking attitudes (Ofonedu et al., 2017). Another social issue that significantly impacts the mental health of African Americans in inner-city communities is exposure to trauma (Myers et al., 2015).

Because of the significantly higher rates of violence within African American inner-city communities, African Americans have been impacted by trauma at higher rates (2009 Breslau, 2009; Cross et al., 2018; Graham, Yaros, et al., 2017; Singletary, 2019). Exposure to community violence produces symptoms of trauma that harm the mental health of all involved (Lane et al., 2017). Repeated exposure to traumatic experiences negatively alters perceptions of both trauma and the need for mental health care (Watson & Hunter, 2015), which creates a barrier to help-seeking (Plowden et al., 2016). Exposure to community violence normalizes violence (Thomas et al., 2016), and African Americans exposed to this environment may become desensitized to its effects (Breslau, 2009; Graham, Yaros, et al., 2017) or downplay any symptoms of psychological distress (Cai & Robst, 2016). Many researchers have reported stigma, distrust, socioeconomic status, and denial as causes of underuse of professional mental health services (Avent et al., 2015; Campbell & Mowbray, 2016), but they have failed to consider the impact of trauma (Watson & Hunter, 2015). African Americans have experienced mental health concerns at about the same rate as those of other races (Kawaii-Bogue et al., 2017), but they have also tended to have higher exposure to trauma and psychological distress (Breslau, 2009) and a higher rate of unmet mental health needs (Burkett, 2017).

The onset of psychological distress establishes need for professional mental health services. Psychological distress can be identified by self-report; observations or suggestions by family, friends, or other supporters; referral by a professional; or diagnosis with a DSM-5-defined mental disorder by a mental health professional within the past year (Kim et al., 2017). Among those belonging to racial minorities, particularly

African Americans, nonadherence, drop out, and disengagement have become great concerns (Shim et al., 2017), because delaying or avoiding necessary mental health care can exacerbate symptoms (Walton & Payne, 2016).

Researchers have associated untreated mental illness with unstable social relationships, low productivity in work or school, underachievement, alcohol and substance abuse, risky sexual behaviors, depression, anxiety, and other mental health disorders (Rafal et al., 2018). Underuse of mental health services among African Americans has become a public health issue (Cuijpers, 2019; Holden et al., 2015; Sotero, 2006) because both individuals and those in their communities feel the impact of untreated mental illness psychologically and financially (Trask et al., 2016).

Graham, Yaros, et al. (2017) connected exposure to community violence to aggressive behaviors. Unaddressed trauma sustained from community violence is a key risk factor for the perpetuation of violence and crime (Lane et al., 2017). Many African Americans employ maladaptive coping skills, such as self-medicating with alcohol or drugs, overeating, or risky sexual behaviors (Walton & Payne, 2016).

Despite extensive research into mental health help-seeking behaviors among African Americans, understanding of underuse of mental health services remains incomplete (Burkett, 2017). To appropriately address the unmet mental health needs of African Americans, it is imperative to explore causes of mental health concerns, help-seeking behaviors, and types of treatment services African Americans use (Avent et al., 2015). More research is necessary to identify factors that predict ongoing participation and engagement in mental health treatment (Shim et al., 2017).

Engagement, No-Shows, and Early Termination in Help-Seeking

According to Ofonedu et al. (2017), engagement in mental health services begins when an individual realizes their need for mental health services, either by self-assessment or on the recommendation of a friend, family member, or professional. The next stage of engagement is an initial connection with a professional mental health professional or agency. The final stage is actually receiving and completing a recommended treatment plan. Engaging in mental health services following a mental health crisis correlates positively with fewer relapses of mental illness (Trask et al., 2016). However, African Americans are less likely to show up to their initial appointments for mental health support than those of other races (Ofonedu et al., 2017; Shim et al., 2017). Also, African Americans are more likely to terminate mental health treatment prematurely (Sun et al., 2016); approximately 20% of African American adults terminate their mental health treatment plan before it has been completed (Shim et al., 2017). Shim et al. (2017) found that negative attitudes regarding mental health treatment increased the likelihood of premature termination of treatment.

Attitudes Toward Help-Seeking

An individual’s help-seeking attitudes are their general ideas regarding the act of obtaining professional mental health services (Hammer et al., 2018). Negative attitudes regarding mental health help-seeking yield poor outcomes, and positive help-seeking attitudes yield positive outcomes (Taylor & Kuo, 2018). Some researchers have found that attitudes take precedence over structural barriers such as inequalities or discrimination and also influence individuals’ resistance to, avoidance of, or submission

to the need for mental health treatment (Avent et al., 2015; Turner et al., 2015). Attitudes are important to the study of help-seeking behaviors because attitudes are the best predictors of intent to seek help, and intent subsequently influences behavior (Hammer et al., 2018; Taylor & Kuo, 2018; Turner et al., 2015). Intent is the willingness and level of effort an individual commits to performing a behavior, and it also increases engagement and adherence to treatment plans (Taylor & Kuo, 2018; Turner et al., 2015).

Intent and Help-Seeking

Intent, attitudes, beliefs, and symptoms of psychological distress all influence an individual's decision to seek, resist, or avoid participation in professional mental health services (Turner et al., 2015). In comparison to European Americans, African Americans tend to have more negative help-seeking attitudes regarding mental health services (Burnett-Zeigler et al., 2017; Watson & Hunter, 2015). Social networks have a significant impact on help-seeking behaviors (Lindsey et al., 2018). Social norms in the form of stigma and misinformation tend to support negative attitudes toward mental health treatments such as medication, hospitalization, and counseling (Campbell & Mowbray, 2016; DeBate et al., 2018). Understanding attitudes of help-seeking, intent, and perceptions of help-seeking is imperative if mental health professionals are to make necessary adjustments to improve help-seeking behaviors and improve service delivery and overall outcomes (Hammer et al., 2018; Taylor & Kuo, 2018).

African American Men and Help-Seeking

African American men living in inner-city communities have experienced violence and trauma at higher rates than women and those of other races (Pinderhughes et

al., 2015; Singletary, 2019). Trauma exposure in U.S. inner cities with high rates of violence significantly impacts the mental health of members of racial minorities, which results in psychological harm comparable to that suffered by combat veterans (Cross et al., 2018; Danzer et al., 2016). Among men belonging to racial minorities, direct and indirect exposure to community violence correlates with increased levels of violent behavior (Graham, Yaros, et al., 2017). Among African Americans, men exposed to violence are more likely to exhibit aggressive behavior than women with the same exposure (Graham, Yaros, et al., 2017). The trauma associated with community violence, racial discrimination, stereotyping, and marginalization increases the difficulty of addressing mental health concerns because it perpetuates violence, anger, and aggression in African American men and reinforces negative stereotypes of African American men (Gaylord-Harden et al., 2018; Range et al., 2018; Rogers et al., 2015; Seth et al., 2017). Rather than viewing African Americans as emotionally or mentally injured, society has labeled African American men as dangerous (Walton & Payne, 2016), angry, and aggressive (Graham, Yaros, et al., 2017).

Repeated exposure to violence and trauma negatively alters perceptions and attitudes regarding the need for mental health care (DeBate et al., 2018; Walton & Payne, 2016; Watson & Hunter, 2015). Although African American men and women underuse mental health services, African American men put off, avoid, and underuse mental health services at higher rates than African American women and people of other races (DeBate et al., 2018; Walton & Payne, 2016). African American men experience different stressors than African American women; these stressors usually involving stereotypes

and discrimination (Walton & Payne, 2016). African American men are less likely to seek help for mental health concerns than African American women (DeBate et al., 2018) and have more unmet mental health needs than African American women (Kim et al., 2017).

According to Watson and Hunter (2015), African American men tend to have negative attitudes regarding the use of mental health services because of the history of discrimination, prejudice, and disregard for their collective experience (Walton & Payne, 2016). As a result of stereotypes, racial profiling, oppression, and marginalization, African American men tend to distrust mental health professionals (Brooks et al., 2016; Gaylord-Harden et al., 2018; Walton & Payne, 2016). African American men have reported fear of perpetuation of negative stereotypes, mistreatment, misdiagnosis, and inappropriate imprisonment (Walton & Payne, 2016) and have tended to view mental health treatment as a last resort (Lindsey et al., 2018).

Socialization of many African American men leads them to believe that they need to be strong and neither discuss traumatic experiences nor display emotional vulnerability (Cadaret & Speight, 2018; Graham, Yaros, et al., 2017; Rogers et al., 2015). African American men are more likely than African American women to seek alternative supports (e.g., family, friends, and clergy), use unhealthy coping skills (e.g., substance or alcohol use), deny symptoms, and refuse to seek or participate in professional mental health services (DeBate et al., 2018). The resulting lack of professional support leads many African American men to engage in maladaptive behaviors, such as self-medicating with substances, when attempting to manage their emotions or mask their feelings

(Campbell & Allen, 2019). For African American men, emotional intelligence is not usually seen as socially acceptable (Walton & Payne, 2016). Expressing anger, for example, is more acceptable than showing sadness or crying (Campbell & Allen, 2019). African American men experience pressure to subscribe to unwritten rules regarding masculinity and respect as well as social norms to be emotionally strong, tough, and aggressive (Graham, Yaros, et al., 2017). They may hide or deny symptoms of psychological distress for fear of violating assumed social mandates to be strong (Taylor & Kuo, 2018) and not weak or vulnerable (Walton & Payne, 2016).

A more in-depth understanding of African American men's experiences with mental health concerns could lead to better ways to intervene and support them (Campbell & Allen, 2019). However, information regarding African American men's perceptions of symptoms of mental health disorders and experiences with mental health services are scarce because they do not use these services (Walton & Payne, 2016).

Summary and Conclusion

African American men living in inner-city communities have been disproportionately impacted by exposure to violence (Breslau, 2009; Graham, Yaros, et al., 2017; Singletary, 2019) and, as a result, have an elevated risk of exposure to trauma (Pinderhughes et al., 2015). The violence experienced by African American men in inner-city communities is similar to that encountered in warzones (Cross et al., 2018; Danzer et al., 2016; Singletary, 2019; Smith & Patton, 2016). Assaultive violence, such as shootings, stabbings, and fights, occur within inner-city communities more than anywhere else (Breslau, 2009; Singletary, 2019). The murder rate for African American

men has been higher than for any other racial group, and homicide has become the leading cause of death for African American men aged 25–34 years (Graham, Yaros, et al., 2017; Smith & Patton, 2016). In fact, African American men are over 7 times more likely than European Americans to know someone who was murdered (Singletary, 2019; Smith & Patton, 2016).

Exposure to the traumas that are common in inner-city African American communities is a major predictor of elevated psychological distress and the development of mental health issues (Avent et al., 2015; Graham, Yaros, et al., 2017). Trauma exposure is commonly associated with the development of anxiety disorders, including post-traumatic stress disorder (PTSD) (DeLisi et al., 2017). Ninety-one percent of African American men in inner-city communities reported symptoms of PTSD (Graham, Yaros, et al., 2017); living in inner-city communities often increases the rate of traumatic experiences. Although African American men experience trauma at higher rates than other groups (Breslau, 2009; Graham, 2017; Singletary, 2019) and have the highest unmet mental health needs of any racial group (Campbell & Allen, 2019; Kim et al., 2017), few researchers have focused on trauma exposure, PTSD, and other anxiety disorders among African American men (DeLisi et al., 2017; Singletary, 2019) because African American men have made little use of professional mental health services (Burkett, 2017).

African American men have experienced violence and its resulting trauma for generations (Graham, Yaros, et al., 2017; Sotero, 2006). They also encounter unique social challenges, including stereotypes and discrimination based solely on gender and

race, that add to the complexity of addressing trauma symptoms (Graham, Yaros, et al., 2017). African American men are arguably the most marginalized and vulnerable group in the United States (Gaylord-Harden et al., 2018) because of their experiences with health care disparities (Sotero, 2006; Sun et al., 2016; Watson & Hunter, 2015).

Unwritten social and cultural norms regarding masculinity and the need to be mentally tough and aggressive (Cadaret & Speight, 2018; Graham, Yaros, et al., 2017) can cause African American men to dismiss or downplay (Cai & Robst, 2016; Danzer et al., 2016) the emotional pain associated with community violence and trauma exposure (Graham, Yaros, et al., 2017). For African American men in violent communities, violence, discrimination, and trauma can become normalized, and these men, by avoiding their emotions, can become desensitized to trauma (Breslau, 2009; Graham, Yaros, et al., 2017). Encouraging African American men to use professional mental health services is imperative if identified disparities are to be rectified (Miner et al., 2016).

Existing literature indicates possible connections between low use of professional mental health services and trauma exposure (Watson & Hunter, 2015). However, more studies are required for a full understanding of the long-term effects of direct and indirect trauma exposure on African American men (Graham, Yaros, et al., 2017). The data collected in this study would be useful for adding more literature regarding connections between help-seeking and trauma exposure and to encourage larger studies with other inner-city communities.

In Chapter 3, I discuss the use of qualitative methods and hermeneutic phenomenology to complete this study including participant selection, data collection and data analysis.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the lived experiences and help-seeking behaviors of African American men who had experienced community violence in Detroit, Michigan. I used the hermeneutic qualitative research method to explore help-seeking behaviors by gathering important information directly from intended subjects. This chapter details the study's methodology, research design and rationale, role of the researcher, and research procedures, including participant selection, instrument, data collection, plan for data analysis, and ethical procedures.

Research Design and Rationale

The research question I chose to guide this study is: What are the lived experiences and help-seeking behaviors of African American men in Detroit, Michigan who have experienced trauma via community violence? The central concepts in the study are community violence, trauma, mental and emotional distress, and help-seeking behaviors. Community violence is the most common cause of trauma for African Americans living in inner cities in the U.S. (Graham et al., 2017). Community violence is also a major predictor of elevated psychological distress and development of mental health issues (Lane et al., 2017; Peterson et al., 2019). Trauma history may weigh more heavily on individual decisions to participate in professional mental health services than previously identified barriers such as stigma or cultural distrust (Burkett, 2017). However, more research is needed on this topic; there are currently no studies connecting

trauma to the underuse of mental health services by African Americans in disadvantaged inner-city communities.

The phenomenon of interest in this study are the lived experiences and help-seeking behaviors of African American men who have been exposed to trauma via community violence. For generations, African American men have experienced violence and its resulting trauma (Graham et al., 2017). This long history of violence and trauma has resulted in poor coping skills among African American men (Burkett, 2017), making recovery and restoration more difficult (NAMI Michigan, 2016). Prolonged exposure to trauma negatively impacts perceptions of trauma and the need for mental health care (Watson & Hunter, 2015), particularly among African American men (Walton & Payne, 2016). African American men in violent communities may normalize violence and become desensitized to symptoms of trauma (Breslau, 2009; Graham et al., 2017). Society has historically disregarded and marginalized African American men, and researchers have often understudied and undersampled them in trauma studies.

Research Tradition

Qualitative research is a general term used for several different research approaches including interviews, focus groups, observation, and ethnography (Hamilton & Finley, 2020). Researchers use qualitative methods to derive data from words, while quantitative research is used to derive data from numbers (Hamilton & Finley, 2020; Merriam & Tisdell, 2016). Merriam and Tisdell (2016) said qualitative research techniques are useful for the interpretation, translation, and decoding of data for the purposes of describing, understanding, and ascribing meaning to human experiences.

To obtain data that sufficiently and accurately addressed the research question, I considered other research methods: narrative research, ethnographic research, grounded theory, and phenomenology. Narrative research was not appropriate for this study as it involves storytelling through autobiography or biography of a single participant (Yates & Leggett, 2016), and this study requires a sample of a community. Likewise, ethnographic research is a long-term study of an entire cultural group (Yates & Leggett, 2016). This would have required time and resources not afforded by this study. Both grounded theory and phenomenology are similar in the sense that the researcher, as the primary instrument for data collection, is tasked with understanding and assigning meaning to data (Merriam & Tisdell, 2016; Ravitch & Carl, 2016). Researchers use grounded theory when the primary focus is developing or analyzing theories (Merriam & Tisdell, 2016; Yates & Leggett, 2016). The focus of this study was not to develop any theories regarding trauma and help-seeking behaviors, but to understand participants' personal experiences and how they understand and give meaning to those experiences.

The hermeneutic phenomenological approach helps to translate lived experiences from simple descriptions to in-depth interpretations (Churchill, 2018). The phenomenological method began with the premise that there is a deeper level of meaning in human actions and understanding of those actions is only obtained through individuals' descriptive accounts of their personal experiences (Guignon, 2012). Use of phenomenology in research placed more value not in the experiences of humans, but in their perceptions of their experiences (Quinney, 2016). An individual's background contributes to the formation of their understanding of their experiences (Quinney, 2016).

Interpretation of experiences is directly related to personal background and cannot be separated (Churchill, 2008; Quinney, 2016).

Using qualitative methods for this study provided flexibility in terms of exploring, expanding, explaining, and understanding beliefs, thoughts, and lived experiences that influence help-seeking behaviors. Phenomenological methods were used to collect data directly from participants via surveys and face-to-face interviews. For this study, a qualitative methodology with a hermeneutic phenomenological design was the most appropriate method to understand the lived experiences of African American men in Detroit.

Role of the Researcher

Social identity and positionality are important concepts to consider when assessing the role of the researcher. Social identity refers to the researcher's sense of self in comparison to the research participants, and positionality refers to the researcher's relationship to the participants (Ravitch & Carl, 2016). In qualitative studies, the researcher is considered the primary instrument for data collection, analysis, and reporting (McGrath et al., 2019; Merriam & Tisdell, 2016; Ravitch & Carl, 2016). During each stage of the research and data collection process, the researcher's positionality and social identity can shift (Ravitch & Carl, 2016).

I am an African American female who was born, raised, and educated in the city of Detroit. I am also a licensed professional counselor and have worked in various therapy and case management positions in both community mental health and private agencies. I have been working with children and families in the city of Detroit and

surrounding areas for over 20 years. During those years, I have personally and vicariously experienced and witnessed many aspects and consequences of community violence, as well as lack of use of professional mental health services. My desire was to produce a qualitative study that will add to existing literature regarding the improvement of the mental and emotional health of African American men living in U.S. inner cities. More specifically, I hoped that this study would help improve the lives of African Americans in Detroit. I am personally invested in the mental health and wellbeing of members of my community.

The qualitative research design was used to gain insight and understanding of study participants' point of view. The researcher's background can impact the study. It is the responsibility of the researcher to handle all aspects of the research process in an ethical manner. To maintain the integrity of the study and present data accurately, I used bracketing. Bracketing is a process in which the researcher intentionally sets aside biases, previous knowledge, assumptions, theories, and personal experiences while collecting and analyzing data (Sorsa et al., 2015). For bracketing to be effective, full disclosure of how the researcher's background may impact the study is required (Sorsa et al., 2015).

To reduce the risk of influencing the participants' narratives, beliefs, or positions of this phenomenon and producing biased data (Sorsa et al., 2015), I used bracketing at each stage of the research process. During data collection, I adopted a learner role by setting aside any personal experiences and previous knowledge (Hamilton & Finley, 2020). I developed a rapport with the participants and created a calm and safe environment that encouraged sharing of experiences (Hamilton & Finley, 2020; McGrath

et al., 2019). During data analysis, I remained open to new or different ideas, concepts, themes, and hypotheses (Merriam & Tisdell, 2016). Data reporting and completion of the study was only achieved after member-checking was completed and participants were satisfied with how their experiences, thoughts, feelings, and actions were represented (McGrath et al., 2019; Merriam & Tisdell, 2016; Ravitch & Carl, 2016).

Methodology

Kim et al. (2017) said geographic location has a significant influence on minorities' need for mental health care and appropriate use of mental health services. The identified setting for this study was Detroit, Michigan, located in the Mid-west region of the United States. While Lansing is the capitol of the state, Detroit is the largest city in Michigan, has the highest population of people, and the highest concentration of African Americans (U. S. Census Bureau, 2019). Detroit was the ideal location to explore the help-seeking behaviors of African American men exposed to community violence since African American communities like Detroit have long suffered from historical trauma including community violence, oppression, racial discrimination, and police brutality (Bryant-Davis et al., 2017; Burkett, 2017; Graham et al., 2017; Sotero, 2006).

Population

African American adults aged less than 40 years have higher unmet mental health needs than any other racial group (Kim et al., 2017). Use of mental health services is lowest among 12–29-year-old African American males (Lindsey et al., 2018). African American men have higher exposure than any other racial group to trauma via community violence, including assaultive violence (Singletary, 2019; Breslau, 2009),

racial oppression and discrimination (Burkett, 2017), and police brutality (Bryant-Davis et al., 2017). According to Detroit Crime Viewer (2019), over 79% of the reported crimes in the city involve African American men. Therefore, the target population for this study was African American men who were between the ages of 18 and 40, lived in Detroit, Michigan and self-reported experiencing community violence.

Sampling Strategy

I used purposive sampling to select the most appropriate participants for this study. Purposive sampling is the intentional selection of participants that fit the demographics of a study (Bullard, 2019). I ensured that potential participants met all the demographic requirements for the study and were willing and able to participate prior to scheduling interviews. One important way purposive sampling was beneficial to this study was that it increased the likelihood of having research participants with both positive and negative help-seeking attitudes. Since previous research has positively correlated traumatic experiences with help-seeking attitudes and subsequently help-seeking behaviors (Hammer et al., 2018; Taylor & Kuo, 2018; Turner et al., 2015), purposive sampling was also used to ensure that individuals with both positive and negative help-seeking attitudes are represented in the data.

Participant Selection

An invitation to participate in this study was posted to professional and social media sites including LinkedIn and FaceBook. The invitation included a link for any interested parties to complete an electronic pre-screening survey (see Appendix A). All prospective participants for the study must self-identify as African American, male,

between the ages of 18 and 40, a past or current resident of Detroit, Michigan, and must self-report exposure to community violence. Men who expressed interest in participating in the study provided their name, address, email address, and phone number. Each participant electronically consented to voluntarily participate in one 60-minute individual interview and one 30-minute follow-up interview if needed. Participants were made aware of the anticipated risks and benefits of participation in the study. A minimum of six and a maximum of ten volunteers were needed to complete the study. Seven volunteers who met all participant requirements and helped to create a well-rounded study were selected for participation in the study. Each participant received an honorarium consisting of a $25 Visa gift card at the conclusion of the study.

Number of Participants

In qualitative research, the sample selection should be small but purposeful (Merriam & Tisdell, 2016). The target number of participants for this study was between six and ten, per the recommendations of qualitative research methods, however, saturation was the goal (Mason, 2010; Yates & Leggett, 2016). Qualitative data collection is a tool useful for identifying patterns and themes of a phenomenon (Ravitch & Carl, 2016). All possible patterns had been identified and no new themes could be established after seven participants were interviewed, therefore saturation was achieved (Mason, 2010).

Data Collection Instruments

As the researcher, I served as the primary instrument for collecting data (Merriam & Tisdell, 2016; Ravitch & Carl, 2016). I used an electronic pre-screening survey before

interviews occurred (see Appendix A), and an interview guide (see Appendix B), two audio recording devices, and handwritten notes to record data during interviews with research participants.

Pre-Screening Survey

I used SoGoSurvey.com to create and distribute an electronic pre-screening survey (see Appendix A) to invite potential study participants. The pre-screening survey asked potential participants to disclose demographic information including age, gender, race, marital status, income, employment status, education, and city of residence. Potential participants were also asked to self-report experiences with community violence and professional mental health services. The pre-screening survey was used to increase the chances that volunteers met specific requirements of the study prior to contacting each potential participant and was available until a sufficient number of participants had been identified.

Interview Guide

An interview guide is an essential, short list of predetermined questions that help guide the conversation during qualitative interviews (Hamilton & Finley, 2020; McGrath et al., 2019). The interview guide is a tool for increasing validity of the data by ensuring all study participants are asked the same questions but is also flexible enough to welcome new thoughts and reflections (McGrath et al., 2019). In this study, informal conversational interviews consisted of both open-ended and close-ended questions that helped focus interviews but also allowed each participant to freely express unique experiences, thoughts, feelings, and beliefs (Quinney et al., 2016).

Existing literature indicates possible connections between low use of professional mental health services and trauma exposure; however, due to lack of studies that have attempted to connect help-seeking behavior and trauma history, no defined instrument exists. The interview guide (see Appendix B) for this interview consists of questions designed to answer the research question, which is to understand study participants' lived experiences with community violence, help-seeking attitudes, and help-seeking behaviors.

Data Collection Procedures

Data was collected directly from research participants via individual interviews. Initially, all participants were given the option to participate in interviews via face-to-face or video call using Doxyme. However, due to COVID-19 pandemic, health and safety restrictions placed on gatherings prevented face-to-face interviews. Adjustments were made based on mandates and requirements set by Michigan's governor at time of scheduling and interviews were restricted to video call only. Each participant electronically consented to IRB-approved informed consent form to voluntarily participate in one 60-minute individual interview, as well as one 30-minute follow-up interview, if needed. The additional 30-minute interview was available as needed if the participant was emotionally or physically unable to complete the interview in the allotted time (McGrath et al., 2019), the participant needed more time to complete all of the interview questions, or additional information was needed for clarification. None of the participants required an additional interview.

Data Analysis Plan

The data collected from this study was used to gain a more in-depth understanding of the ways in which exposure to trauma via community violence influences perspectives, attitudes, and help-seeking behaviors among African American men in Detroit (Hammer et al., 2018; Taylor & Kuo, 2018; Turner et al., 2015). It is essential to the coding process to begin transcribing interviews as soon as possible to identify similarities and differences in each interviewee's personal experiences (Hamilton & Finley, 2020; McGrath et al., 2019; Merriam & Tisdell, 2016). Within 24 hours, I began transcribing, analyzing, processing, and coding data collected via surveys, audio recorded interviews and handwritten notes. Coding the data was done by converting spoken words to written words to identify themes and patterns prior to submission for assistance with converting data into statistics.

The way qualitative data is coded and categorized is crucial for detailed analysis of the data (Saldaña, 2016). Coding is the process qualitative researchers use to meaningfully organize raw data (Hamilton & Finley, 2020; Merriam & Tisdell, 2016; Saldaña, 2016). Coding involved three steps. First, using the process of deductive analysis, I reviewed audio recordings and handwritten notes of the interviews to identify all possible patterns and themes using the historical trauma theory framework as a guide (Hamilton & Finley, 2020; Yates & Leggett, 2016). Next, short phrases and repetitive words were noted to identify any additional patterns and themes. Finally, once interviews had been organized into smaller units of data, I analyzed the data to find answers to the research question.

Issues of Trustworthiness

Since qualitative data cannot be measured or proven numerically, the quality of a study is determined by the trustworthiness of the data (Hamilton & Finley, 2020; Merriam & Tisdell, 2016). Trustworthiness is an essential part of qualitative research and is established through the process of validity and credibility (Ravitch & Carl, 2016); the researcher is responsible for establishing validity and creditability in order to create a trustworthy study. For validity to be achieved in this study, the lived experiences of the participants must be sufficiently and accurately communicated (Ravitch & Carl, 2016; Yates & Leggett, 2016). Likewise, credibility is crucial as researchers attempt to prove trustworthiness. The credibility of this study relies on triangulation strategies (Ravitch & Carl, 2016).

Triangulation involves using multiple methods of data collection and presentation to explain a phenomenon (Ravitch & Carl, 2016; Yates & Leggett, 2016). According to Yates and Leggett (2016), creating trustworthiness through triangulation involves three possible methods from which the researcher must select at least two. The first method is to use contradictory evidence to identify any incorrect representations of participants' experiences due to researcher bias (Yates & Leggett, 2016). Member-checking is the second method and is to establish respondent validity by collaborating with participants to ensure that their experiences are accurately represented (McGrath et al., 2019; Merriam & Tisdell, 2016; Ravitch & Carl, 2016). The final method is to establish consistently by constantly comparing participants' responses to those of other, larger studies (Ravitch & Carl, 2016; Yates & Leggett, 2016).

To set my personal experiences and biases aside and to present the most accurate representation of the participants' experiences, I used the contradictory evidence and respondent validity triangulation methods. I reviewed data collected via interviews, including transcriptions and audio recordings, handwritten notes, and pre-screening surveys, as often as necessary to ensure the data was correct. To achieve respondent validity method study participants were encouraged to review interview transcripts to check for the accuracy of my interpretation of their experiences and make changes, as necessary.

Ethical Procedures

Ethical procedures include the ways in which I recruited and selected participants, stored and destroyed confidential information, and collected and presented data. I addressed any ethical concerns according to the suggestions of the IRB prior to beginning data collection. After IRB approval, I obtained each participant electronically consented to participation prior to interviews and data collection (see Appendix A). Participants were made aware of the purpose of the study and any known risks or benefits to their participation in writing. Participants were advised of the right to withdraw from participation in the study at any time for any reason. Participant were made aware that their reports or appearance of mental destress, the interview will be terminated. Due to the sensitive nature of the study and potential to cause mental destress, all participants were provided with contact information for Detroit Wayne Integrated Health Network (see Appendix A) for connection with their closest Community Mental Health Organization. I obtained approval from the Institutional Review Board (IRB) at Walden

University prior to initiation of this study. Walden University's approval number for this study was 02-23-21-0612924 and will expire on February 22, 2022.

Summary

This chapter provided an overview of the research design and rationale, role of the researcher, methodology, data collection instrument, data analysis, trustworthiness, and ethical procedures. Chapter 4 will detail the study finding, demographics, data analysis and results.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore the lived experiences and help-seeking behaviors of African American men who have experienced trauma via community violence in Detroit, Michigan. Using hermeneutic inquiry, the goal of the study was to gain a better understanding of men's perceptions of traumatic experiences, need for professional mental health services, and help-seeking behaviors. Historical trauma theory was the framework for the study and a single qualitative research question was used to guide the study: What are the lived experiences and help-seeking behaviors of African American men in Detroit, Michigan who have experienced trauma via community violence? Both open and close-ended questions were used to structure and focus interviews and allow participants the opportunity for free flow of ideas, perspectives, and experiences.

In previous chapters, I detailed the significance of African American men's lived experiences with community violence and consequences of limited use of mental health services, how the use of a qualitative hermeneutic phenomenology is the best method for contextualizing African American men's experiences, and a review of current literature on African American men, community violence, and help-seeking behaviors. In Chapter 4, I present results of the study, including the setting, demographics, data collection and analysis methods, evidence of trustworthiness, and findings.

Setting

Due to the COVID-19 pandemic, health and safety restrictions and mandates were set by the governor of Michigan which limited gatherings. Therefore, individual interviews were conducted via video calls using Doxyme instead of in-person meetings. Using video calls was the safest way to engage in individual interviews while minimally compromising my ability to observe verbal and nonverbal expressions of participants during interviews. To ensure confidentiality was maintained, I contacted each participant from my virtual office in a neutral and private office setting located in Detroit. Each participant received the video call in the setting he felt most comfortable.

Demographics

This study was limited to men who self-identified as African American, lived in Detroit, self-reported experiences with any form of community violence, and were between the ages of 18 and 40. Using purposive sampling, I intentionally selected participants who fit the demographics for this study. When selecting men for this study, I was particularly interested in their help-seeking behaviors and attempted to have a balance of participants with various levels of experience in professional mental health settings. No other demographics were examined in this study.

A brief description of each respondent follows.

Respondent 1: Jacoby

Jacoby was a 27-year-old African American man. He was a current resident of Detroit at the time of the interview, and reported living in the city for 19 years. Jacoby reported both direct and indirect experiences with community violence in Detroit and was

actively engaged in professional mental health services during the time of the interview. Jacoby also reported being biracial (African American and European American).

Respondent 2: AJ

AJ was a 39-year-old African American man. He reported previously residing in Detroit for 15 years. AJ reported both direct and indirect experiences with community violence in Detroit, but denied ever seeking or engaging in professional mental health services at the time of the interview. He did, however, report previous engagement in family therapy with a mental health professional. AJ also reported his parents and sibling were licensed professional counselors (LPCs) in the state of Michigan.

Respondent 3: Ethan

Ethan was a 35-year-old African American man. He stated he was a lifelong resident of Detroit. Ethan reported both direct and indirect experiences with community violence in Detroit, but denied ever seeking or engaging in professional mental health services at the time of the interview.

Respondent 4: Jace

Jace was a 20-year-old African American man. He reported previously residing in Detroit for 16 years. Jace reported no direct experience with community violence in Detroit but had knowledge and indirect experiences. Jace denied ever seeking or engaging in professional mental health services at the time of the interview.

Respondent 5: Martinus

Martinus was a 36-year-old African American man. He reported previously residing in Detroit for 3 years. Martinus reported no direct experiences with community

violence in Detroit, but had knowledge and indirect experiences. Martinus reported previous engagement in individual mental health services and was actively engaged in family therapy with a mental health professional at the time of the interview.

Respondent 6: Isaiah

Isaiah was a 36-year-old African American man. He stated he was a lifelong resident of Detroit. Isaiah denied knowledge or direct or indirect experiences with community violence in Detroit. He reported previously engaging in professional mental health services, but was not engaged in any supportive services at the time of the interview.

Respondent 7: Leo

Leo was a 32-year-old African American man. He was a current resident of Detroit at the time of the interview and reported living in the city for 9 years. Leo reported no direct experiences with community violence in Detroit, but had knowledge and indirect experiences. Leo denied ever seeking or engaging in professional mental health services at the time of the interview. Leo also reported being a behavioral specialist for children with autism.

Data Collection

All data for this study were collected directly from participants via electronic surveys and individual interviews. I used individual interviews to collect data via video call from seven African American men between the ages of 18 and 40. Ten men completed the electronic prescreening survey (see Appendix C), however, only seven

agreed to participate in individual interviews. Therefore, data from seven men is represented in this study.

Over a period of 6 weeks, I interviewed seven men. I engaged each respondent in one interview and allotted 60 minutes for completion. On average, interviews lasted approximately 35 minutes, and none of the participants exercised their right to end the interview prematurely due to distress or other reasons. Therefore, I did not need to use the 30-minute follow up interview for any participant.

I used a semi-structured interview guide (see Appendix B) to create consistency between interviews and provide structure. Both open and closed-ended questions were used to allow for a free flow of participant ideas, perceptions, and experiences. The interview guide consisted of questions designed to answer the research question. Once I began to see repetitions of similar experiences and expressions, I concluded the study, as saturation was achieved.

I used two recording devices to record interviews. A digital recorder was the main device for recording. I also used a cell phone audio recording feature as a backup. Once I established the digital recorder had captured interviews in their entirety with no missing data, cell phone recordings were deleted. All digital recordings will be kept locked and password protected for 5 years according to Walden University's policies. After 5 years, all sensitive information will be deleted. I also took handwritten notes during interviews to note participants' nonverbal expressions and start the process of identifying possible themes.

There were no deviations from the data collection plan as discussed in Chapter 3, nor were there any unusual circumstances.

Data Analysis

The data in this study were collected to gain a more in-depth understanding of the ways exposure to trauma via community violence influences perspectives, attitudes, and help-seeking behaviors among African American men in Detroit (Hammer et al., 2018; Taylor & Kuo, 2018; Turner et al., 2015). The process I used for analyzing data was broken down into three steps: transcribing; listening, reading and analyzing; and coding.

Data Analysis Step 1: Transcribing the Data

To protect the integrity of the data and to note key similarities and differences, I began the coding process by transcribing interviewee's personal experiences within 24 hours of the interview (Hamilton & Finley, 2020; McGrath et al., 2019; Merriam & Tisdell, 2016). I listened to audio recordings of each interview and transcribed each interview from spoken words to written words by typing them verbatim onto a Word document. After transcribing the data, I reached out to each participant via email and invited him to review his transcript to ensure his thoughts, opinions, beliefs, and experiences were accurately represented on the transcript. After I was sure the transcripts were accurate, I moved to the process of analyzing the data.

Data Analysis Step 2: Listening, Reading, and Analyzing the Data

The process of analyzing data began during interviews. As I listened intently, I also noted words, gestures and facial expressions, and key experiences to form preliminary themes and subthemes. After transcribing each interview verbatim, I

carefully read each transcription line by line to confirm preliminary findings and to note additional themes and concepts.

First, I used the process of deductive analysis to identify all possible patterns and themes relating to the historical trauma theory framework (Hamilton & Finley, 2020; Yates & Leggett, 2016). The four main assumptions of historical trauma theory: (a) mass trauma is both systematic and deliberately imposed on a specific group of people by a more dominant group of people; (b) mass trauma may include a single event or several events with long-lasting effects; (c) the effects of the traumatic events are widespread throughout the affected population; and (d) the traumatic events cause stagnation of progress that results in social, economic, physical, and psychological disparities that pass through many generations (Sotero, 2006). While historical trauma theory was used as a guide for understanding the respondents' experiences and to note emerging themes, I also used inductive analysis and remained open to the possibility of new or different ideas, concepts, themes, or hypotheses emerging (Merriam & Tisdell, 2016).

Upon rereading transcripts, I highlighted statements, phrases, or words that aligned with the assumptions of historical trauma theory. I read the transcripts again and highlighted statements, phrases, or words that I found significant or provided answers to my research question. I read all transcripts again and highlighted statements, phrases, or words that were repetitive or emphasized as important by the participant. I read the transcripts a final time and highlight statements, phrases, or words that were similar between each transcript.

Data Analysis Step 3: Coding the Data

Coding, in qualitative research, is the process used to organize data for meaningful use (Hamilton & Finley, 2020; Merriam & Tisdell, 2016; Saldaña, 2016). Properly coding the data was essential for finding answers to my research question. The data was coded by making a list of all the highlighted statements, phrases, and words that were identified during the analysis step. Next, I divided the list by grouping all similar statements, phrases, and words together. Grouping created four separate lists of statements, phrases, and words which I named according to their similarities and used them as the major themes for this study (see Table 1). The major themes were family support, community influence, health, and help-seeking behaviors.

Table 1

Developing Themes

Preliminary themes	Final themes
Disfunction, support, parental guidance, abuse/neglect, poverty, generational	Family support
Violence, crime, poverty, police, solidarity, sports, race/racism, church/clergy, nostalgia, oppression, connectedness, gangs, targeted, gentrification	Community influence
Trauma, fear, suppress, guidance, desire to	Health

improve, awareness, genetics	
Stigma, awareness, guidance, quality care, timely care, early interventions, access, importance, perception of self vs others, types of therapy, opportunity	Help-seeking Behaviors

Themes

The purpose of this study was to explore the lived experiences and help-seeking behaviors of African American men who had experienced trauma via community violence in Detroit, Michigan. Keeping the concepts of historical trauma theory and the research question in mind, I carefully explored the participant's experiences, beliefs, thoughts, opinions, and help-seeking behaviors to address the gap in the existing literature. Through the process of data analysis, four major themes were identified: Family Support, Community Influence, Health, and Help-seeking Behaviors. The first three themes served as a synopsis of the participants' lived experiences with community violence in Detroit. The respondents noted how his lived experiences, beliefs, thoughts, and opinions regarding mental health and help seeing behaviors were all essentially influenced by his family, community environment, and health. The final theme of this research study addressed the research question by giving context to how the participants' lived experiences influenced his help-seeking behaviors.

Evidence of Trustworthiness

As the primary instrument for data collection, analysis, and reporting, I was responsible for creating a trustworthy study (Ravitch & Carl, 2016). Trustworthiness is essential to qualitative research as it serves as proof that the research method used in the study was the most appropriate method for the study, the researcher interpreted and presented the data accurately and correctly, and established protocols and procedures for implicating or replicating the study (McGrath et al., 2019; Merriam & Tisdell, 2016; Ravitch & Carl, 2016). I achieved trustworthiness in this study by addressing four concepts: credibility, transferability, dependability, and confirmability.

Credibility

I used two strategies to demonstrate credibility: member-checking and triangulation. Post transcription of interviews, I used member-checking and invited each respondent to review and approve the transcripts of his interview via email to be sure his thoughts, opinions, beliefs, and experiences were accurately represented (McGrath et al., 2019; Merriam & Tisdell, 2016; Ravitch & Carl, 2016). To further demonstrate credibility and to appropriately apply the strategy of triangulation, I selected two of the three possible methods: contradictory evidence and constant comparison (Yates & Leggett, 2016). Contradictory evidence was applied by identifying any deviant cases to minimize misrepresentation of data or researcher bias (Yates & Leggett, 2016). I used constant comparison to established consistency of the data I collected by comparing the participants' responses to current literature, other similar studies, and to the theoretical framework used in this study (Ravitch & Carl, 2016; Yates & Leggett, 2016).

Transferability

Hermeneutic inquiry was not only useful for conceptualizing the experiences of each participant (Churchill, 2018), it also helped to achieve transferability. The data represented consists of the participants' unique thoughts, opinions, beliefs, and experiences in his own words, without bias from my interpretation as the researcher. Many of the participants shared common views and experiences with violence, psychological distress, help-seeking attitudes which essentially helped to demonstrate transferability as the phenomenon can be applicable to African American men in different communities.

Dependability

To demonstrate dependability, I used pre-screening surveys, audio recordings, transcripts, and hand-written notes to create an audit trail and presented a detailed description of the process and procedures should the study be replicated by another researcher.

Confirmability

During data collection and analysis, I intentionally set aside my personal experiences biases, previous knowledge, and assumptions by using bracketing (Sorsa et al., 2015), remained neutral, and used the theoretical framework along with the peer-reviewed literature presented in previous chapters to maintain confirmability. I also used contradictory evidence and identified any deviant cases to balance out any biases I may have had as the researcher (Hamilton & Finley, 2020; Yates & Leggett, 2016).

Results

The qualitative research question used to guide this study was: What are the lived experiences and help-seeking behaviors of African American men in Detroit, Michigan, who have experienced trauma via community violence? Through this study, I sought to address the gap in the existing literature and identify possible connections of low use of professional mental health services by African American men to chronic exposure to trauma. I interviewed seven African American men in Detroit about their experiences, beliefs, thoughts, opinions regarding mental and emotional health and their help-seeking behaviors. I was able to establish four main themes during the data analysis process. The first three themes, family support, community influence, and health, detailed the participants' lived experiences with community violence in Detroit. The fourth theme, help-seeking behaviors, explained how those experiences influenced their help-seeking behaviors.

Theme 1: Family Support

The first and most prominent theme to emerge was family support. Each of the seven respondents discussed "family" as a major contributor to his lived experiences and his perceptions and understanding of community violence, mental health, and help-seeking. Each of the respondents noted family support as either a positive or negative aspect of their experiences.

Jacoby reported he experienced abuse and neglect by several of his family members. He also reported having knowledge of some of his family members being victims of or engaging in crime and violence in Detroit and directly experienced trauma

at the hands of his family. Jacoby reported being biracial and suggested that his experiences have been complicated by racial tension toward him from family members on both sides of his family. "….because of the trauma they suffered but it's been passed on to me as if I did something about it, as if I don't go through the same things they had to go through." Jacoby reported his mother informed him of the mental and emotional health concerns she observed in him and encouraged him to seek professional assistance. He also stated he has positive support from his maternal grandparents are as well.

AJ discussed feeling positive support both mentally and emotionally from his parents and brother. AJ also expressed feeling responsible for supporting and protecting his daughters as a result of his experiences with community violence. "I look at everything through a different lens because of what I deal with. Where my wife may think I'm just being extra I'm like you have no idea what's actually like for real out here. So, my antennas are a little more tuned in to certain things especially dealing with my daughters."

Ethan described his family as being heavily involved in crime and violence in Detroit. He disclosed his family's involvement in crime and violence has resulted in his family members being imprisoned on many occasions and for long periods of time. He expressed concern with the dysfunction in his family as his family often encourages crime and celebrates incarceration and releases. Ethan believed his family's dysfunction is a direct result of cycles of community violence "to the point where it has become normal".

> It affected my family big cause if it's crazy as it sounds, that's when we all got together, to celebrate somebody getting out of jail. Isn't that crazy? When we have like actual good events, like family gatherings, no one really come around. Let somebody get out of jail, we here at the court hearing like "Free (name)! Free (name)!". I never understood that.

Ethan reported experiencing abuse and neglect from his mother and step-father but his grandmother took him into her home to removed him from the family dysfunction when he was a child. He believed the move is what helped him to have a different perspective and a desire to be different. Ethan connected the experiences of his and his siblings to poor parenting. "I'm trying to break that mold." Ethan discussed breaking the mold by raising his daughters differently, promoting positive mental and emotional health, and creating a healthier family system. "I think people say, your parents, you can either go exactly like them or you become exactly the opposite? I think I went the exactly opposite."

Jace stated he felt mentally and emotionally healthy due to positive family supports. He reported having support and guidance from older male role models in his family and having a close relationship with his sister. "Me and my sister, we can confide in each other about anything."

Martinus reported having a distant relationship with his father that caused mental and emotional distress "…as a child, I had gone through a lot of things, with my father not really being in my life and depression issues and those sorts of things." Martinus expressed a desire for him and his wife to be positive supports for the mental and

emotional health of their children and recognized a way to achieve that is for his family to become a “stronger unit.”

Isaiah described living in poverty, being abused and neglected by his mother, and never knowing his father. He reported connecting with other people who became “like family” and offered him support.

> I knew that I was going to be okay, when I knew that I had the right necessary people outside of my family-and I know they always have that cliche saying that people on the outside that, although physically and biologically they're not related to you, they become family. So, you know, I have to give credit to a lot of them because they have their own lives, but I appreciate them making room for me under their wing and giving me the necessary push and drive that I needed to know that I can make it in spite of anything and to not let anybody tear me down or think that they have power over me.

Leo stated what he loved most about living in Detroit was that he was close to his family and friends. “The good thing is family. All my family and friends is here and I have support, so that’s number one thing I love about Detroit.” He identified his parents as supports for maintaining his positive mental health as well as close friends and other community members such as church members and clergy.

Theme 2: Community Influence

The second theme to emerge during this research study was community. The physical appearance, the connectedness of the individuals within the community, and the economic make up were said to effect the members of the Detroit community mentally,

emotionally and physically. Some of the respondents noted lived experiences with community violence as a unique experience to his neighborhood, some described more universal experiences, while others focused on the actual condition and physical appearance of Detroit as contributing factors to mental and emotional distress.

Jacoby said that community could be “close-knit” or “toxic” depending on how connected a person is to that particular community. Jacoby identified racial tension is a major contributor to violence in Detroit which has led to “a constant or overarching fear of having bodily harm, or physical harm or mental harm done to you.” Jacoby disclosed personal, vicarious, and knowledge of community violence in Detroit, and felt for some, the violence in the city is a cycle of experiencing and perpetuating violence.

> “I seen a lot of stuff, I’ve been exposed to a lot of things and it gives you a weird like mixed bag of emotions because you see that trauma not only affects you but the person that is doing it. It obviously affected them to a point or pushed them to a point where they need to express themselves in that way.”

Jacoby also noted feeling more uncomfortable while in the surrounding suburban areas as “being a person of color it’s also having to walk on eggshells. You can get the cops called on you for pretty much anything…. You’re more or less a target.”

AJ shared that he felt community violence in the form of crime and violence is not exclusive to Detroit, but “bad publicity” and failure to report crime in both “urban” and “suburban” areas equally have led to misrepresentation of not only the city but also the members of the city. He also noted racism as a roadblock to the success of the

members of inner-city areas, including but not limited to Detroit, and leaves community members taking alternative measures to meet their basic needs.

> Bad thing about Detroit, same thing that happens in any large city in no matter what state you are, we have to deal with the backlash and the clear and present danger of systematic racism or systemic racism. A lot of the time, young men specifically, living within inner-cities have to find more creative ways per se to successfully live. And that's not always a positive thing when they try to do that. Like I said that's not specifically to Detroit but just in any inner-city.

AJ disclosed direct, indirect and knowledge of community violence in Detroit. "Absolutely, all the time! Every day I woke up, every day I stepped out the house, every day I walked down the block". He also shared experiences with community violence while working with youth and young adults in Detroit. Following a particularly dangerous event, he decided to make a career change "…that just let me know like yeah it might be time for me to stop dealing with inner-city youth at this moment. Like, I love them, Lord knows I do and I try my best but there comes a time when you got to...[used hand gestures to signal what I perceived to mean "stop"].

Ethan stated he felt the physical condition of Detroit influences the attitudes and behaviors of the members of the community. "City is pretty much in shambles, so many abandoned houses everywhere now. So yeah…all bad for us." Ethan also shared that he experienced harassment and unpleasant interactions with the police outside the city limits but within the city of Detroit "the police don't bother you." Ethan disclosed direct, indirect, and knowledge of violence and crime in Detroit and felt if his grandmother had

not removed him from his neighborhood and taken him to "the good part of Detroit" he would have escalated to participation in crime and violence due to the influence of his environment.

> I was lucky enough my grandma observed what was going on with our family and pulled me out of it. So, I kind of used it because that was something--I didn't want to be here. This wasn't for me. I think maybe if she wouldn't of got me, maybe I probably wouldn't--eventually would've went down that road…but it affected me…definitely going the opposite because jail wasn't for me, scared to death of that. Cause I been to so many courtrooms just for them and it's just enough for me to be better.

Jace stated that while community violence was "pretty common" he had no direct experience. Jace did, however, report indirect exposure and knowledge of community violence; "I, myself haven't, experienced violence, but I have lost about three people that I graduated with so far and I only graduated in 2018. I've lost three people, three friends to violence so far in Detroit". Jace noted access to community programs such as sports leagues was a safe haven for him and felt it could also be a key to supporting and redirecting other inner-city youth away from violence and crime.

> …actually because it takes a lot of time from you. When a kid is outside, after so long, he end up doing something that he shouldn't be doing just because he's curious, but sports, it takes away the whole night. Well, the way I grew up, I had to be in before the street lights. So, after practice it wasn't really much time I could be outside. So it was more of a distraction. And then when you came home,

> you seen certain people doing certain things that you didn't want to be into because you were worried about football or basketball or boxing or you do baseball. It was just certain stuff you wanted to be. So I didn't want to go around the corner, because I had to be in practice a little bit, or I knew I had to keep my grades up so I could play the next season. So, no, I don't want to skip school today. So it does help.

Jace also commented that violence and crime in Detroit are a result of "the environment we grew up in, its the situations we were put in." He also suggested that by improving the mental and emotional health of the members of the community it would create a more close-knit, well bonded community "I feel like we would be closer as a community and it would stop the violence."

While Martinus denied direct experience with community violence in Detroit, he reported having had knowledge and indirect experiences. Martinus described having a more favorable experience when he lived in a part of Detroit where the community was well-bonded and close-knit. Martinus expressed connections with perpetuation of violence and crime due to the breakdown of relationships in the community "I think ultimately that leads to deterioration of neighborhoods because of that lack of trust and lack of true community". When he moved to another part of Detroit, he experienced an increase of instances of crime and violence.

> When I lived over in the University District, the community was really, really friendly. The neighbors were really nice, there was a community garden down the street, which was run by the church. And, they were just good people to talk to.

> Really, really friendly and really open…On Six Mile --in this context regularly, individuals would ram their car into the privacy gate to break the gate to then break into the complex, to break in the cars.

Isaiah denied experiencing, witnessing, or having knowledge of community violence in Detroit. Isaiah described community violence as “gang affiliation” and “gentrification.” When asked how he felt community violence impacted his family, friends, or other community members he replied “unknown”. When describing his personal experiences in the Detroit community, Isaiah expressed feelings of nostalgia when reminiscing about the community where he grew up, but also spoke to the physical appearance of the city as other respondents had also noted.

> One good experience would be you get a chance to see old areas where you grew up as a kid or where you were raised and you get to remember what used to be there or places you used to go and see, and what’s no longer there. And the negative, I would say probably how the neighborhood went down with the recession of 2008, I want to think it was, with the home foreclosures and all of that. A lot of the areas that were good decent communities back then, now are just ran down with a lot of blight and abandoned and destroyed looking buildings.

Leo also noted the appearance of Detroit as having an impact on the community members. “…the way our city is, is the way people act. So as far as--say your neighborhood has trash on the ground those people are a product of their environment, if that makes sense. So, whatever they see they act like it.” Leo described his experiences

with community violence in Detroit as "common", but also expressed that it can be a tool for change.

> I think everyone who lives in Detroit have witnessed or experienced some type of violence…Community violence happens when a community is not getting heard and the way to make a difference is violence. I believe it takes some violence for someone to wake up and hear our voices. Sometimes violence can be positive, little bit of violence can make a difference.

Leo discussed feeling more comfortable as a Black man in the Detroit community as opposed to being outside of the city where he has experienced harassment from police and others.

> I wouldn't call what I experienced violence, I'd say harassment. Getting pulled over for no reason. I never been pulled over in Detroit as long as I been staying here, as long as I been driving. But everywhere else I go as far as Sterling Heights, Warren, Southfield, Westland, Canton, always pulled over and 99% of the time, I didn't do anything wrong…When you walk in a store, you either get rich harassment or broke harassment. What I mean by that is, when you walk in a store in the suburbs, they got their eyes on you, they're staring at you following you. Then you got the rich harassment where it's 'oh you want this?' once they find out you got money then they harass you and want to give you everything they got. If you don't have money they don't want you there they just want you to go away. I've had that in grocery stores, malls--I'd just rather say where people don't automatically judge you.

Theme 3: Health

The third theme to emerge while exploring the lived experiences of the men in this study was health. Six out of the seven participants reported experiencing psychological distress and three out of the seven participants reported physical manifestations of distress as a direct result of his experiences with community violence in Detroit. Four of the seven respondents mentioned ways in which he felt his overall health was important to his quality of life and how experiencing violence and trauma while living in Detroit had negatively altered his ability to feel safe and healthy.

Jacoby shared personal experiences with mental and emotional health symptoms and emphasized the importance of understanding connections between physical health and mental and emotional health.

> I think that people don't really realize that you can stress yourself into physical harm, in a sense. Like if you're super stressed you can get ulcers, you can raise your blood pressure and there's a lot of things that goes along with it, so part of me wants to say that mental health is a little bit more important. Simply because by recognizing the issues you have and being able to come to terms with them and get over them and then move on to the easier things which is physical.

Ethan reported a hindsight revelation of emotional, mental, and physical manifestations of distress due to his living environment, being abused, and experiences in violent situations. He remembered experiencing anger outbursts, acting out at home and school, suicidal ideations, and headaches. "I kind of recognize it for what it was and I was surprised. I feel like maybe I do have some trauma maybe because of it and I just

kind of squished it down. I just don't talk about it. I just started doing better for my own kids."

Jace disclosed personally experiencing mental health symptoms "like paranoia" both in and outside the city limits of Detroit that limited or kept him from enjoying social activities. Jace also expressed his experience may not be unique but felt men are more likely to suppress their feelings and normalize their experiences.

> …it's like I live with a PTSD that I just always got to watch my back just because I hear about everything that happens around me or to my friends. So, it's like I always got to keep my head on the swivel, even though nothing personally happened to me. But I feel like nothing personally happened to me *because* I am a little bit, or I have become more cautious about how I move, where I do go.
>
> I know a lot of men suppress their feelings and the way they feel because growing up in certain areas in Detroit, we do live with PTSD and trauma. We lose a lot of people and we lose a lot of things. So, then the way we grow up, we just adapt to the environment, I feel like the environment is so violent because we don't get help for our mental health and emotional health, so I do feel like that is a big problem and I feel like that that could cause a big change inside of a lot of Detroit neighborhoods, if we was to get help within the community.

Martinus disclosed personal experiences with "feelings of anxiety" and "depression issues" related to living in Detroit and issues within his nuclear family. He reported underachieving and being distracted while in college and expressed concern that his

mental health was negatively impacting his wife and children. He also expressed the importance of promoting positive mental health for the community as a whole.

> I think it's a real thing. And I think especially us in the black community, we need to take it more seriously to make sure that, A- we're doing things that help us to take care of our mental health. But also letting our family members, our children, our peers know that it's okay because we all struggle with something. Right? And it's okay to find someone to talk to that can help you through situations or it's okay to talk to family members and maybe even really, really close friends to get these things out because the more you hold them inside, the more they fester, the more they grow. And ultimately it tears you down internally, which leads to the outward expression of those negative thoughts and feelings. So, I think we, as a black community, need to talk about it more and need to engage in it more so that we can help each other grow and help get ourselves in a better situation.

Theme 4: Help-seeking Behaviors

The fourth and final theme gave context to low use of professional mental health services and perceptions of mental health that influence help-seeking from the respondents' points of view. This theme also helped to address the research question regarding low use of professional mental health services.

Jacoby reported being actively engaged in therapy with a mental health professional at the time of the interview. He attributed his need for mental health services to the abuse, neglect, and trauma he sustained within his family and the Detroit community during his "developmental years". Jacoby stated his initial thoughts about

engaging in mental health services were negated by stigma and mixed feelings about appropriateness for a Black man. “The whole going to therapy thing is either seen as you’re crazy or it’s that white people shit. White people are allowed to be depressed and get it over with by going to therapy but for us it’s like…[used hand gestures to signal what I perceived to mean “no”]. Jacoby reported positive support and guidance from people he trusted helped him make the decision to engage in professional mental health services. “Part of me knew that I should probably go…once my mom told me about it, I was like all right…it wasn’t until I went to the doctors and told him about it, I was recommended.” Jacoby expressed the importance of early intervention “I feel like if I were to have been able to do it sooner, I probably would have been a lot better off for it.”

At the time of the interview, AJ reported previously engaging in family therapy with a professional but had never sought or engaged in individual therapy with a mental health professional. While AJ expressed favorable attitudes towards mental health support, he denied needing the support because he felt he learned healthy coping skills in his home.

> I was blessed enough to grow up in a household with counselors. My brother is now a counselor as well, so my therapy was just ranting and normal talking to them. I did have an outlet and learn how to cope and how to express exactly what it is I was feeling. So that’s the only reason I haven’t necessarily gone for individual therapy.

When asked about the importance of mental health in the Detroit community AJ stated:

> It’s important. In the Black community it’s starting to be more important than it was before. Before we really didn't focus on it, we just played it off and counseling and therapy wasn’t really a thing…Especially for young men, we’re taught be a man, men don’t cry, if you express your feelings, you’re soft. So, we don’t know how to express when we’re hurt so it all comes out in negative ways.

Ethan stated he had never sought or engaged in mental health services at the time of the interview. He reported experiencing significant symptoms of distress as a child including anger, headaches, suicidal ideations, and behavioral concerns. However, Ethan reported his family normalized his symptoms so he also dismissed them as “normal”.

> I had my turn when I thought about killing myself, but it passed or whatever…my grandma said it's normal. When I talk to people, they say it’s like the normal. So now it's normal. I don't know if it's normal, but that's in my mind it’s like, ‘okay, it's normal, it’ll pass’ and it did pass, so I never really thought too much about myself having needed therapy.

Ethan reported living in a dysfunctional family system, experiencing abuse and neglect, and exposure to many aspects of community violence including trauma and psychological distress. Ethan stated following the birth of his children he became aware of how important mental health was. “I didn't realize that was a big thing that Black people don't pay attention to it…it’s in our community deep, like real deep.” Ethan shared that he felt professional interventions may not be effective for adults, however, early intervention may prove to be more successful.

> …honestly, I don't know if professional help helps, if that makes sense. I don't know cause I've never been there. I ain't gonna say I'm not the brightest person or I don't have my own demons. It's just the stuff that come out of people, I just don't see them sitting down with somebody and just helping them. I don't know. Maybe at a young age, maybe. Honestly, I don't know. Just because unfortunately when you have parents like this, that's just what it is. If it's a mental thing I feel like it's passed down sometimes.

Ethan stated that if someone he trusted recommended professional intervention at a younger age, he would have engaged and felt intervention then would have been more beneficial to him now as an adult. He also reported at the time of the interview, his daughter was actively engaged in individual therapy with a professional at his encouragement and with his support, in an attempt to change what his family considers "normal" and to prevent her from "picking up toxic shit" from their family.

Jace reported no previous or current engagement in professional mental health services at the time of the interview. While he did report experiencing "paranoia" and "PTSD", he felt he had the support of his family and played football as a healthy way to cope with violence and crime in his neighborhood, to stay safe and out of trouble, and a way to make positive connections with other youth his age. While he felt he was "still a work in progress", he stated he felt confident in his ability to learn and utilize appropriate coping skills without the assistance of a mental health professional.

Jace expressed favorable attitudes towards mental health services and supports early intervention. "I would just say as early as you can I feel like, it should be almost

taught in our schools…lot of kids should be having access to the ways to properly get out their emotions." He also placed importance on the accessibility of multiple types of interventions like sports and various forms of therapy. "I think they should be able to get out their emotions, like some people do it through drawing, songwriting or even through sports. I don't feel like therapy is the only way."

At the time of the interview, Martinus reported being actively engaged in family therapy with a professional. He noted previous experience engaging in individual mental health services with a professional. Martinus disclosed his previous therapy experience was a result of feelings of distress due to his broken family system, which ultimately motivated his desire for his family to become a "stronger unit." Martinus shared personal struggles with symptoms including anxiety, poor self-esteem, and depression, but felt he learned and can appropriately apply healthy coping skills as a result of therapeutic interventions and positive support from his family.

Martinus expressed a favorable attitude towards professional mental health support and also encouraged early intervention. When asked about his recommendation on when to seek mental health support he stated:

> I don't know if there's a wrong time. I don't know if there's a time that's too soon. If you're going through something and you don't know how to get through it, that ultimately could have a trickledown effect that could lead to other things, so seeking assistance then. With kids, they're all different and they're all molding their own personalities with the things that are fed into them. So, with children, having those conversations early on and engaging them in that process so that as

> they grow, they know that it's okay not to be okay, but you then have to take the proper steps to help you to figure it out.

Isaiah reported he “had to” attend therapy sessions as a child but denied voluntarily engaging in professional interventions as an adult. Isaiah disclosed he became a ward of the State of Michigan at the age of 12 after living in poverty and being abused and neglected by his mother. He denied experiencing issues with mental or emotional health concerns and said through his faith in God and with the support of the friends who became his family, he developed a “mind over matter” mentality to cope with mental and emotional distress. When asked why he had not engaged in professional mental health support as an adult he replied:

> God is good. The only reason why, because I would say the takeaway from that whole experience as an adult is that God gave me the necessary people in my life that allowed me to know and understand that one, no matter what you go through, it may be some rough patches, but you will be provided the necessary people that will give you the push and the motivation that you need to know that you matter as a young black male in society, and you won't become another statistic.

Isaiah had a favorable attitude towards others seeking mental health support when they need it and when asked when he felt seeking professional mental health services was appropriate, he stated “At the beginning stages. Once a person has been advised or informed that there's something wrong with them.”

Leo denied previous or current engagement in professional mental health support services at the time of the interview. He stated he felt supported by his parents and other

family, friends, church members, and clergy and learned healthy coping skills to deal with mental or emotional distress. When asked when seeking professional mental health services was appropriate Leo responded: “It’s appropriate when that person notice it, definitely that’s a sign, or family and loves ones [express concern], when they feel that they can’t concentrate like normal like things, they should go see somebody.”

Leo expressed favorable opinions about professional interventions. He identified “trauma” as a personal experience he shared with other Black men in Detroit and a reason to seek professional support for assistance coping with the effects. Leo shared he felt the barrier to participation in appropriate support services is lack of awareness, not knowing where to find help, and feeling uncomfortable with the setting.

> When people think of therapy they think of negative things. It would be nice to have some more centers not necessarily connected to therapy, maybe change the name of it or something like that. Just call it stress intervention or relaxation session. Also, I think Black people might be shy or scared because it’s like one on one I think maybe have all the people sitting around in a circle they might be more willing to share.

Discrepant Case

Isaiah was the only discrepant case in this study. Isaiah was the only respondent to answer “no” to having experienced, witnessed, or having knowledge of community violence in Detroit. Isaiah reported being a lifelong resident of the City of Detroit and described significant experiences with community violence in Detroit but did not recognize them as such. Isaiah described experiencing poverty, abuse, and neglect by his

mother, which as a result, he became a ward of the State of Michigan at 12 years old and placed in a residential facility for minors from the age of 13 to the age of 17. Isaiah cried while discussing his experiences and was the only respondent to have an emotional reaction during the interview. When asked if he wanted to stop the interview, he declined but did take a couple of minutes to compose himself before continuing.

Isaiah's explanation of community violence was very similar to the definition used in this study according to Violence Policy Center (2017), Graham (2017), and Pinderhughes and Williams (2015), and may suggest that he had an understanding of the concept. Likewise, his emotional response while recalling difficult experiences was also in line with symptoms of trauma according to Singletary (2019). After discussing and exploring the definitions and examples of community violence as both an aspect of trauma and a type of trauma, and inquiring about ways he may have experienced, witnessed, or had knowledge of community violence, he maintained that he had *not* experienced, witnessed, or had knowledge of community violence.

Summary

In Chapter 4, I detailed the setting, demographics, data collection procedure, data analysis procedure, the process of establishing trustworthiness, and results of this study. The major themes emerged in this study gave context to how the participants' lived experiences influenced their help-seeking behaviors. All participants had positive thoughts and feelings regarding participation in professional mental health services, but not all participants had the same family support, community influence, or significant mental, emotional or physical health warnings that influenced their personal help-seeking

behaviors. While most of the participants recognized their psychological distress as the result of repeated exposure to trauma in their communities, this study resulted in the premise that low use of professional mental health services by African American men in Detroit was due to the fact that they viewed the resulting trauma responses as a tool necessary for survival rather than a problem needing a solution.

In Chapter 5, I present my interpretation of the data in the findings, limitations, recommendations, and implications for the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to explore the lived experiences and help-seeking behaviors of African American men in Detroit, Michigan who had been exposed to trauma via community violence. This qualitative hermeneutic phenomenological inquiry into the lives and experiences of African American men in Detroit was used to address low use of mental health services by African American men and whether this was due to their inability to view their experiences as traumatic. Due to repeated exposure to violence, racism, discrimination, and poverty in their communities, African American men have become desensitized to the effects of trauma (Breslau, 2009; Watson & Hunter, 2015).

This study confirmed assumptions discussed in previous chapters that African American men have high exposure to trauma via community violence, and also have significant psychological distress as a direct result. However, results of this study show low use of professional mental health services by African American men in Detroit is not due to desensitization. Instead, low use of professional mental health services is due to the fact that men have learned to embrace their trauma response as a technique for survival rather than a barrier to his personal growth and success of his communities as suggested by Sortero (2006).

In Chapter 5, I describe the findings, limitations, recommendations, implications for positive social change, and conclusion of the study and provide a contextualized view

of participants' experiences involving community violence, psychological distress, and help-seeking behaviors that were presented in Chapter 4.

Interpretations of the Findings

This qualitative study was based on the key concepts of hermeneutic phenomenology which were used to better understand lived experiences of African American men in Detroit. Participants' descriptions of their unique experiences helped to create a more in-depth understanding of how lived experiences with trauma via community violence influenced perceptions of psychological distress and need for professional mental health services. Elevated rates of violence in inner-city communities and low use of mental health services by African American men have been thoroughly examined by previous researchers and while some of their findings have been confirmed by this study and many other, important contributing factors to underuse of psychological services remain understudied (Burkett, 2017).

I conducted this study to address a gap in existing literature, as I previously found no literature regarding the impact of chronic exposure to trauma on perceptions of psychological distress and help-seeking behaviors among African American men. Themes which emerged in this study helped to explain how family support, community influence, and health were major contributors to experiences with community violence in Detroit, as well as the driving force guiding help-seeking behaviors. This study helped to present new or understudied information regarding how trauma responses are perceived in inner cities. While participants in this study viewed community violence itself as a

negative influence on them individually and the collective community, none of the men in this study regarded his trauma responses and psychological distress as problematic.

Jacoby said community violence “changed my approach to a lot of things. The way I thought about a lot of things I had to internalize some stuff.” AJ said he was not impacted by community violence

> …not in a detrimental or a negative way but it has opened my eyes to things. I’m not as ignorant as I once was. I mean it did change my life? Yes. Cause the way I handle things now is a little different, the way I approach things…it’s a lot different.

Ethan said his experiences with community violence as being a member of a family that is heavily involved in crime in Detroit influenced him to make better choices: “you can either go exactly like them or you become exactly the opposite. I think I went the exactly opposite”. Jace said, “I just adapted to what was around me or it was taught subconsciously like just watching the older people around me growing up.” Martinus explained he had “heightened awareness” as a result of experiences with community violence, which was helpful in dangerous situations.

> I have a heightened awareness and so that does cause maybe a little anxiety at times, depending on where I am and the level of energy in that area. But for me, I really tried to look at it from a perspective of I respond to things a little bit differently than I think most would.”

Isaiah said, “I think it's more about a mind over matter, but for me I'm usually strong willed, so I don't let things like that get in my way.” Regarding community

violence, Leo said, “in certain ways it could damage you, but I look at it as a way to navigate the system.”

Contrary to existing literature, each of the seven respondents expressed favorable and positive attitudes towards the general idea of seeking professional services to assist with mental and emotional distress. Each respondent had varying degrees of perceived need for mental health support and different reasons for seeking support, and therefore had different personal experiences with professional mental health services. However, positive perceptions about the usefulness of trauma responses helped participants to normalize psychological distress as helpful for survival as an African American both in and outside Detroit city limits. Positive perceptions of psychological distress may be a more accurate explanation for low use of professional mental health services among African American men in inner cities than what was presented in previous literature.

While this study includes a small sample of the population of African American men in Detroit and cannot be generalized, the findings of this study are more consistent with literature that suggests African American men have historically been marginalized and disregarded and therefore are understudied and under sampled in trauma studies.

Discrepant Case

Isaiah was the only respondent to report he had not experienced, witnessed, or had any knowledge of community violence in Detroit. Isaiah was also the only respondent to deny experiencing psychological distress and report he had only positive experiences both in and outside of the Detroit community. Isaiah denied mental and emotional repercussions after his experiences and replied “unknown” when asked about his

thoughts regarding how community violence impacted other members of the Detroit community. Isaiah, however, did describe personal experiences with poverty, abuse, and neglect by his mother, and disclosed being removed from his mother's care by the state of Michigan. He also reported being placed in a residential facility with other youth who were there because they shared similar experiences involving abuse and neglect. Isaiah denied distress, but displayed symptoms of psychological distress when he began to cry while recalling his difficult memories. He was also the only respondent to have an emotional reaction while sharing his experiences. The discrepant case is consistent with Watson and Hunter's (2015) suggestion that African American men may not recognize psychological distress due to chronic exposure to trauma.

The discrepant case was categorized within the themes of this study based on his perceptions and understanding of his experiences, not according to his testament of his actual experiences with community violence and help-seeking.

Application to Framework

This study was rooted in Sotero's historical trauma theory. According to Sotero (2006), for many generations, minorities like African Americans have been deliberately subjected to mass trauma that has negatively impacted their mental and emotional health and compromised the growth and success of their communities. In this study, I used historical trauma theory as a guide to assess meaning to how trauma is experienced and processed by African Americans in present-day circumstances in order to understand individual experiences. To effectively apply the historical trauma theory in this study, I

used deductive analysis to assess the data against the four assumptions of Sotero's historical trauma theory.

The first assumption of historical trauma theory is that "mass trauma is deliberately and systematically inflicted upon a target population by a subjecting, dominant population" (Sotero, 2006, p. 94). Many of the participants believed the trauma and violence in their community are experiences that are common to members of African American communities. AJ said, "the clear and present danger of systematic racism or systemic racism" as a barrier to the livelihood of young men in Detroit. Jacoby stated "being a person of color it's also having to walk on eggshells. You can get the cops called on you for pretty much anything" in reference to the race related trauma he experienced. Ethan and Leo also noted being "harassed" by police and "White people" and having "restrictions" inside and outside the Detroit community that is imposed by those in authority or those with self-imposed authority.

The second and third assumptions of Sotero's historical trauma theory are "trauma is not limited to a single catastrophic event, but continues over an extended period of time" (Sotero, 2006, p. 94) and "traumatic events reverberate throughout the population, creating a universal experience of trauma" (Sotero, 2006, p. 95). The men in this study confirmed experiencing multiple types of trauma throughout their life time that was either personal experiences or those of their parents and grandparents. There were reports and displays of symptoms of trauma as a result of abuse and neglect in childhood to dangerous experiences in adulthood. The men in this study all attributed to their psychological distress to lived experiences with community violence in Detroit. The

participants also seemed to view the “heightened awareness” they gained as a result of repeated exposure to trauma, crime, violence, “harassment” by police and “White people” outside their community, poverty, abuse, and neglect as a valuable skill necessary for surviving or avoiding personal experiences with community violence in Detroit.

The fourth assumption of historical trauma theory concludes that “the magnitude of the trauma experience derails the population from its natural projected historical course resulting in a legacy of physical, psychological, social and economic disparities that resist across generations” (Sotero, 2006, p. 95). Jacoby described the psychological distress, poverty, and cyclical violence that plagues Detroit and African American men as the result of trauma experienced in previous generations. He stated “you know the saying hurt people hurt people? That even though I haven't been directly affected as much as other people may have been by community violence, I have been affected by the people who have been”. Many of the men in this study described symptoms of psychological distress such as “paranoia”, “PTSD”, “fear”, “trauma”, and “anxiety” as techniques of survival rather than a mental health concern that needed to be addressed and adjusted. Failure to acknowledge or address barriers to help-seeking will continue the hinderance of proper growth and development of African American men and their communities into future generations (Breslau, 2009; NAMI Michigan, 2016; Singletary, 2019).

Limitations of the Study

One limitation to this study was geography. While similar concerns with community violence and low use of professional mental health services may exist in other predominately African American inner-city communities, I was only able to access

data from the Detroit community. Another limitation was the sample size. I was only able to interview seven men which is a very small sample of the Detroit population. Therefore, the results of this study are not generalizable beyond the bounds of this project.

Recommendations

In order to improve use of mental health services by African American men, there needs to be a deeper understanding of their experiences, perceptions, and needs. Recommendations for further research include obtaining data from a larger portion of the population of Detroit. I would also recommend opening the parameters to include African American men in other cities in Michigan. Another recommendation would be to conduct a longitudinal study to understand how experiences with community violence and help-seeking behaviors change as African American men age. Lastly, I would recommend a future study that expands to other predominately African American inner-cities like Chicago, Illinois, or Los Angeles, California as a comparison group to Detroit to identify similarities in experiences and to share solutions for engaging more men in professional mental health services.

Implications for Positive Social Change

This study confirmed that a major barrier to positive mental health is the marginalization and disregarding of African American men (Gaylord-Harden et al., 2018). African American men are not represented in current literature because researchers have often understudied (Brooks et al., 2016; Gaylord-Harden et al., 2018) and under sampled them in trauma studies (Myers et al., 2015; Singletary, 2019).

Therefore, little is known about what African American men need to stop the cycle of experiencing and perpetuating trauma via community violence in inner-cities.

Implications for positive social change in this study focused on ending behaviors of cyclic community violence perpetuated by inner-city African American men with poor mental health. Positive social change can be achieved by obtaining solutions directly from the targeted population via studies like this one and incorporating the suggestions into interventions and treatment options. While sharing their experiences, beliefs, thoughts, opinions, and help-seeking behaviors, the men in this study offered their own suggestions for ways to better support them through their experiences with trauma and improve participation in mental health support services. To start the process of supporting and valuing African American men it is necessary that I include the suggestions of the men in this study as implications for positive social change.

All seven participants suggested promoting positive mental health and effective interventions earlier in life, as early as elementary school age. The study participants noted the importance of normalizing discussions about mental health, encouraging help-seeking and introducing coping and calming skills to be practiced in childhood and carried into adulthood.

The men in this study reported his attitude toward mental health was influenced by being educated about the benefits of practicing positive mental health strategies. The primary influences of experiences with community violence and his perceptions of mental and emotional health and the need for professional mental health services were family and social supports. As an example, Jacoby reported being educated and referred

to a therapist by his primary care physician. One way to implement education and awareness by community supports is through integrated medical and mental health care in primary care settings. Primary care physicians and pediatricians could educate parents and children about positive mental health and refer out for appropriate treatment options.

Jacoby, AJ, Jace, and Isaiah suggested increasing access to quality and affordable therapeutic interventions within communities via schools and community programs. AJ, Jace, and Isaiah suggested improving the use of professional mental health services by incorporating different types of therapy such as sports, music, or art into interventions. Isaiah noted the closure of many community centers in Detroit where children used to be able to connect and avoid exposure to or participation in community violence. Jace gave examples of how his participation in sports gave him an outlet for difficult emotions, motivated him to make good choices and also kept him safe from community violence. Increased funding via grants, state or city assistance to improve the use of community centers could be a way to increase access to different types of effective mental and physical health activities in Detroit.

Consequences of chronic exposure to trauma via community violence have been identified as disruption of healthy mental and emotional development of the members of the community that leads to derailment and stagnation of community itself (Breslau, 2009; Burkett, 2017; NAMI Michigan, 2016; Violence Policy Center, 2017). Eliminating barriers and racial disparities in mental health is key for the healthy development, growth, restoration, and progress of African American men and their inner-city communities (Breslau, 2009; NAMI Michigan, 2016; Singletary, 2019; Sotero, 2006). While this study

focused on African American men, the findings can be applied to the African American community as a whole. Offering variety of treatment options, increasing access to services in schools, community centers and medical settings, and early intervention to all community members will help to promote positive lasting change in and around the Detroit community. By starting a chain reaction of increasing use of appropriate mental health services, achieving positive mental and emotional health, and improved quality of life, the Detroit community as a whole will eventually become healthier and more successful.

Conclusion

This study explored the lived experiences and help-seeking behaviors of African American men in Detroit who had experienced trauma via community violence. Exposure to community violence and low use of effective professional mental health services for African American men in Detroit and other similar inner-cities remain high. High rates of psychological distress and cycles of community violence are expected to continue to plague inner-city communities because appropriate interventions are not being implemented.

Poor mental health is a major public health crisis that needs immediate attention and solutions. More in-depth research on African American men and their experiences with trauma and mental health services is necessary to better understand how to support African American men who regularly encounter trauma. Eliminating boundaries to mental health support is essential for creating an environment for healthy development, restoration, and progress of African American inner-city communities (NAMI Michigan,

2016). Most importantly, African American men and their communities can personally experience the benefits of positive mental health. Such benefits include but are not limited to the reduction of exposure to traumas, safer and more cohesive neighborhoods, personal growth and development, and longer lives.

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Appendix B: Semi-Structured Interview Guide

Date: ____________________ Initial Interview: _____ Follow-up Interview: ____

Interviewee's Number: ____

Age:____________

Thank you for agreeing to this study. You are assisting me by providing data needed to complete my study and fulfill the requirements of earning a PhD at Walden University. There are no right or wrong answers to any of these questions and I encourage you to take this time to be as open and honest as you can. With your approval, I will be adding your experiences and perspectives to the existing literature regarding African American men and mental health help-seeking. I am happy to represent you and I appreciate you taking time out to help me. To thank you, I will be sending you a small token of appreciation at the end of this study, so, please make sure I have a current address for you.

Before we get started, I need to inform you of confidentially and ethical considerations. Do you have any questions or concerns?

Interview questions:

1) On the electronic survey you previously completed, you noted that you are/were a resident of Detroit. When/how long have you lived in Detroit?

2a) Can you tell me about one good experience and one bad experience you had while living in Detroit?

2b) Do you think your experiences would be/have been different if you lived outside of Detroit?

3) How would you define community violence?

4a) Have you ever experienced, witnessed or had knowledge of community violence in Detroit?

4b) In what ways do you think it impacted you personally?

4c) In what ways do you think it impacted your family, friends, and other community members?

5) What are your thoughts regarding mental and emotional health?

6) When is seeking professional mental health services appropriate?

7) On the electronic survey you previously completed, you noted that you are/are not currently receiving professional mental health services. Can you give me more information about why you have chosen (not) to engage in mental health services?

8) In what ways do you feel your mental health has been impacted by community violence?

9) Did I miss anything you feel is important to note or add to my study? Is there anything else you would like to share? Before we close, do you have any questions or concerns?

Appendix C: Participant Demographics

Are you currently or have you ever participated in professional mental health services?		
Responses	Count	Percentage
Yes	6	60%
No	4	40%
Total Responses	10	

Are you currently, or have you ever been a resident of Detroit, Michigan?		
Responses	Count	Percentage
Yes	10	100%
No	0	0%
Total Responses	10	

Have you ever witnessed, experienced, or hadknowledge of violence in Detroit, Michigan?		
Responses	Count	Percentage
Yes	9	90%
No	1	10%
Total Responses	10	

What is your gender?		
Responses	Count	Percentage
Male	10	100%
Female	0	0%
Other	0	0%
Total Responses	10	

What is your ethnicity (race)?		
Responses	Count	Percentage
White	0	0%
Hispanic or Latino	0	0%
Black or African American	10	100%
Native American or American Indian	0	0%
Asian / Pacific Islander	0	0%
Other	0	0%
Total Responses	10	

What is your age?		
Responses	Count	Percentage
Under 18	0	0%
18-23	3	30%
24-29	1	10%
30-35	3	30%
36-40	3	30%
Over 40	0	0%
Total Responses	10	

What is your marital status?		
Responses	Count	Percentage
Single (never married)	7	70%
Married, or in a domestic partnership	2	20%
Widowed	0	0%
Divorced	0	0%
Separated	1	10%
Total Responses	10	

What is the highest degree or level of education you have completed?		
Responses	Count	Percentage
Less than a high school diploma	0	0%
High school degree or equivalent (e.g. GED)	1	10%
Some college, no degree	4	40%
Trade, technical school, certificate	1	10%
Associate degree (e.g. AA, AS)	1	10%
Bachelor's degree (e.g. BA, BS)	3	30%
Master's degree (e.g. MA, MS, MEd)	0	0%
Professional degree (e.g. MD, DDS, DVM)	0	0%
Doctorate (e.g. PhD, EdD)	0	0%
Total Responses	10	

What is your current employment status?		
Responses	Count	Percentage
Full-time	8	80%
Part-time	1	10%
Self-employed	0	0%
Unemployed, but looking for employment	0	0%
Unemployed, but not looking for employment	1	10%
Homemaker	0	0%
Student	0	0%
Retired	0	0%
Unable to work/disabled	0	0%
Total Responses	10	

What is your household income?		
Responses	Count	Percentage
Less than $20,000	0	0%
$20,000 to $34,999	4	40%
$35,000 to $49,999	1	10%
$50,000 to $74,999	2	20%
$75,000 to $99,999	1	10%
Over $100,000	2	20%
Total Responses	10	