



## “Like I'm a nobody:” firearm-injured peoples' perspectives on news media reporting about firearm violence



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### ABSTRACT

Media reports on interpersonal firearm violence largely present it as a crime issue focused on individual shooting events. This episodic framing can undermine support for public health solutions to firearm violence. Potential harms of this narrative on firearm-injured people are unknown. We aimed to understand how recently firearm-injured people perceive the meaning and impact of news media reporting on their own injuries and on firearm violence in their communities. This study was conducted in the trauma clinic of the busiest trauma center for firearm injuries in Philadelphia, PA, USA. We consecutively recruited adult firearm-injured patients for semi-structured qualitative interviews within two months of their injury. Interview content was thematically analyzed. Twenty-six patients consented and participated. Results indicate that participants largely felt negative or conflicted about “making the news” and perceived several harms associated with media reports on their injuries, including dehumanization they connected with episodic-style reports, reliving trauma when viewing news, distress related to inaccuracies, threats to personal safety when specific details were included, harm to reputation, and negative impacts on public perceptions of safety and community. Participants who did not make the news often reported relief and generally did not expect their story to be reported. These findings suggest that firearm-injured people perceive multiple harms associated with episodic narratives that neglect their own viewpoints. Journalists and public health practitioners should work together with communities to identify strategies to reframe firearm violence as a public health problem through reporting that is trauma-informed and incorporates the perspectives of firearm-injured people.

### 1. Introduction

Interpersonal firearm violence has been a threat to public health in the United States (U.S.) for decades (Wintemute, 2015). During the coronavirus disease 2019 (COVID-19) pandemic, the firearm violence crisis intensified, with rates of interpersonal firearm injury and death rising to unprecedented levels in cities across the country (Afif et al., 2022; Pino et al., 2022). Amidst these increases, the Biden administration declared firearm violence to be a national public health epidemic in April 2021 (The White House, 2021). This pronouncement coincided with renewed efforts to define and respond to interpersonal firearm violence as a public health emergency amenable to structural and policy-based

interventions (Kegler et al., 2022). Broad public support based in an understanding of the structural and political factors influencing firearm injury is required to advance policies and practices that effectively take a public health approach to prevent firearm violence (Dorfman & Krasnow, 2014).

#### 1.1. News media framing of firearm violence

News media play a crucial role in shaping how the public and policy makers understand and respond to health threats, including firearm violence (Aubel et al., 2022; Collinson, Khan, & Heffernan, 2015; Iyengar, 1991; McKeever et al., 2022; Savage et al., 2022). A key reason that

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interpersonal firearm violence has not gained wider recognition as a public health problem is that it is rarely covered as such in U.S. news (Dorfman et al., 1997; Iyengar, 1991; Marvel et al., 2018; McKeever et al., 2022; Parham-Payne, 2014). Instead, firearm violence is depicted almost exclusively as a “crime” issue, wherein law enforcement is the primary, or often only source of information (Dorfman et al., 1997; Marvel et al., 2018; Parham-Payne, 2014; Rodgers & Thorson, 2001; Simon & Hayes, 2004). One way that news content perpetuates this view of firearm violence is through *framing*, a concept that media scholars use to describe the subject matter choices journalists make. These choices can influence the way media consumers interpret news events and the ideological messages embedded in reporting (Entman, 1993; Kahneman & Tversky, 1984). For example, news organizations have a long history of covering stories that involve Black crime suspects at a frequency that is disproportionate to the actual rates of crime carried out by Black people (Dixon & Williams, 2015; Gilens, 1996). This racialized framing, in conjunction with a heavy focus on crime stories by local TV news can lead audiences to believe that crime is more prevalent than it actually is, normalize violence in Black communities, and reinforce criminalizing stereotypes about Black people. (Callahan, 2012; Dixon & Williams, 2015; Gilens, 1996; Parham-Payne, 2014).

One specific type of framing used to describe news media reporting on violence identifies whether a news story is *episodic*, focusing on an individual event, or whether it is *thematic*, situating the incident within a larger social and structural context (Iyengar, 1991). Multiple studies have shown that reporting on violence in both television and print news is largely episodic, with limited emphasis on root causes and solutions that might be portrayed through in-depth thematic reporting (Carlyle et al., 2008; DeFoster & Swalve, 2018; Dorfman et al., 1997; Holody & Daniel, 2017; Marvel et al., 2018; McKeever et al., 2022; Rodgers & Thorson, 2001; Taylor & Sorenson, 2002). Episodic reporting on violence tends to lead audiences to blame individuals for problems, while thematic frames are more likely to prompt audiences to identify institutions and policies as responsible for entrenched social problems (Guo et al., 2021; Iyengar, 1991; Marvel et al., 2018; McKeever et al., 2022; Savage et al., 2022; Wilson et al., 2016). In the case of firearm violence, episodic reports can undermine support for public health solutions, reinforce the “crime” frame for firearm violence, promote stereotypes about the people and places impacted by this problem, and suggest an unfounded efficacy to policing responses as a means to prevent firearm violence (Callahan & Rosenberger, 2011; Iyengar, 1991; Kupchik & Bracy, 2009; Marvel et al., 2018; Parham-Payne, 2014; Phelps & Hamilton, 2022).

### 1.2. Reframing firearm violence as a public health problem

Public health and journalism scholars have expressed concern about the negative societal impacts of episodic crime reporting, advocating for the incorporation of a public health perspective into reports on interpersonal violence (Dorfman et al., 1997, 2001; Marvel et al., 2018; McKeever et al., 2022). According to Dorfman et al. (2001), a public health approach to reporting on violence would include information about the epidemiologic context, individual and community level consequences, risk factors for violence, and violence prevention methods. Similarly, models like solutions-based journalism apply the core elements of a public health approach to stories on social problems, challenging journalists to focus on the response to the problem and evaluate evidence of the solution's impact (Solutions Journalism Network, 2022). Incorporating these elements into news reporting on firearm violence could increase public understanding of its root causes and help garner public and political support for public health interventions (Dorfman et al., 1997, 2001; Guo et al., 2021; Marvel et al., 2018; McKeever et al., 2022).

Despite past advocacy and relatively well described harms of episodic crime frames, U.S. media outlets have not widely instituted a public health approach to covering violence (DeFoster & Swalve, 2018; Marvel et al., 2018; McKeever et al., 2022). Perhaps the current historic and political moment provides an opening to re-emphasize the call for media

to examine opportunities to effectively reframe firearm violence as a public health problem (Coleman & Thorson, 2002). The COVID-19 pandemic increased public awareness of the value and limitations of existing public health infrastructure in the U.S. (Brownson et al., 2020). This recognition, paired with the unprecedented increase in firearm violence around the country, has likely created an environment where journalists would be more receptive to collaboration and guidance on firearm violence reporting from the public health community.

### 1.3. Present study

While the societal implications of episodic crime reporting have been relatively well described, the potential harms of this and other kinds of news of reporting on people directly impacted by firearm violence are largely unknown. The perspectives of firearm-injured people are especially important to consider, as existing news frames and practices may compound the trauma experienced by individuals in the aftermath of violence (Felix et al., 2021; Kupchik & Bracy, 2009; Phelps & Hamilton, 2022; Wayment & Silver, 2021). Gaining insight into whether or not people injured by firearms are negatively affected by reporting on firearm violence may also be a way to engage journalists and members of the public health community alike into renewed conversation around best practices for reporting on interpersonal firearm violence.

With these theoretical perspectives and goals in mind, we aimed to understand how recently firearm-injured people perceive the meaning and impact of news media reporting about their own injuries and firearm violence in their communities. To our knowledge, this is the first study of its kind to investigate this topic, filling an important gap in the literature. The results of this study will encourage cross-disciplinary collaboration between public health and journalism scholars and advocates and inform recommendations for media reporting on firearm violence that support public health responses and include the perspectives of firearm-injured people.

## 2. Materials and methods

### 2.1. Setting

We conducted this study at Temple University Hospital, a 979-bed trauma center in Philadelphia, Pennsylvania, USA. This trauma center responds to the highest number of firearm injuries city-wide and treated 856 firearm-injured people in 2021. Since the onset of COVID-19 containment in March of 2020, the incidence of interpersonal firearm injury has doubled in the city of Philadelphia (Beard et al., 2021). This study was conducted in 2021, a year when the number of firearm homicides was higher than any other year in Philadelphia's recorded history (Orso et al., 2021). The catchment area for the Temple University Hospital is a geographic “hot spot” for firearm violence, meaning it has the one of highest levels of firearm violence relative to the city overall. This region of Philadelphia has a long history of endemic poverty and community violence whose origins have been empirically tied to historic and contemporary social and economic segregation and disinvestment (Beard et al., 2017; Jacoby et al., 2018).

### 2.2. Procedures

To conduct this study, we designed a semi-structured interview guide (Appendix A) with input from research team members from a range of disciplines, including medicine, public health, nursing, and journalism. The Temple University Institutional Review Board approved this study. After the first few interviews, we reviewed the transcripts collectively and discussed emergent findings and made modifications to streamline and clarify the guide for subsequent interviews.

Between July and October 2021, we consecutively recruited 26 adult (18 years and older) English-speaking patients who attended the outpatient trauma surgery clinic within 2 months of sustaining a firearm injury

(defined as a penetrating gunshot wound). On the 11 days when participants were recruited, we approached patients who were deemed physiologically stable by clinic physicians to describe the study and elicit interest in participation. Patients who met eligibility requirements and consented to participate either completed the interview in a private room following their clinical appointment or scheduled an interview for a time convenient for them. Approximately 85% of patients approached agreed to participate. We estimate that 5% of firearm-injured patients at Temple University Hospital are non-English speaking. During recruitment, we did not encounter any non-English speaking patients who otherwise met inclusion criteria. Several participants requested that family members remain present in the room during the interview, which was permitted.

Following provision of informed consent, audio-recorded interviews were conducted by members of the research team. Demographic information was collected from each participant at the onset of the interview, including age, gender, race, and ethnicity. Interviews lasted between 14 and 45 min. Participants received a \$100 gift card upon completion of the interview. In one instance, a participant was distressed at the end of the session over the challenges of recovery, and a member of the hospital's victim advocate program was called for support. We recruited participants until thematic saturation was achieved.

### 2.3. Analysis

Audio-recordings of the interviews were transcribed by a professional, HIPAA-compliant transcription service. We verified the accuracy of each transcript and removed identifying content. During the interviews, several participants' family members shared their thoughts; however, these comments were not included in our analysis.

All participant demographic data were analyzed descriptively furnishing proportions, medians, and interquartile ranges. At the outset of the interview, we asked participants: "Was there any news you heard of, watched, or read about you and your injury?" and used participants' perceptions to define what they considered to be news media and determine themselves whether they "made the news." From the answer to this question, we quantified the number of participants who "made the news." We did not view or confirm the presence or content of news coverage.

We used thematic analysis to identify descriptive thematic frameworks from the qualitative interviews and employed collaborative consensus to establish the rigor of our analysis (Braun & Clarke, 2006, 2012, 2021; Cascio et al., 2019; Jones & Hunter, 1995). Using NVivo Release 1.6.1 (QSR International, LLC), team members each open coded three interviews. From the individual coding schemes each researcher developed, we identified common codes, developed definitions for each, discussed any differences, reached consensus, and created a codebook. Members of the research team then used the codebook to code overlapping sub-sets of the transcripts. We then reviewed all the coded transcripts together, with each researcher noting to the full team when they added a new code during analysis. We found consensus on the adoption of new codes and on any discrepancies. The codebook was refined a final time and was used to make adjustments to the coded transcripts. After 26 interviews, coding, and regular team discussions yielded no new themes and did not identify interview content counterfactual to the thematic scheme that had been developed. Therefore, we determined there was no need for additional data collection, and we ended recruitment.

## 3. Results

### 3.1. Participants

There were 26 participants in the study. The majority were younger in age (median 27 years, IQR 24–35 years) and self-identified as male ( $n = 21$ , 80.8%). Nineteen participants (73.1%) self-identified as Black/

African American, four (15.4%) as Latine/Hispanic, two (7.7%) as Multiracial/Mixed race, and one (3.8%) as White. Sixteen (61.5%) participants said they were aware of news coverage about their shooting, and the other 10 (38.5%) participants reported that their shootings were not in the news. For participants who were aware of news coverage, 13 reported television coverage, 11 reported social media coverage, and 3 reported newspaper coverage. No participant was interviewed by a journalist about their shooting.

### 3.2. Thematic analysis

Our thematic analysis identified the meaning and impact of making or not making the news. Participants who made the news described largely negative or conflicted viewpoints related to the news coverage about their shooting. One participant described his conflicted feelings about making the news, saying:

I was sad because don't nobody want to be on the news especially not being shot. It's embarrassing. You get nervous. You don't want your business out there. But then you feel a little sense like somebody cared [...] like somebody is trying to find the person who shot you.

Participants who did not make the news often reported relief and generally did not expect their story to be reported.

There were several overarching themes that specified the nature and detail of participants' interpretations of making or not making the news. These include: (1) Feeling dehumanized, (2) Reliving trauma, (3) Impact of inaccuracies, (4) Threat to personal safety, (5) Harm to reputation, (6) Public perceptions of safety and community, and (7) the Meaning of not making the news.

#### 3.2.1. Feeling dehumanized: "Like I'm a nobody"

Multiple participants described feeling dehumanized by news reporting about the event in which they were injured. This is exemplified by a participant who described the content of the television news report about her shooting: "They didn't even go into detail. It was just 'a victim, a female victim shot in her leg and she survived.' That was it." She elaborated that the style of reporting felt "causal" like she was:

Just a gunshot victim and it's like taken lightly, and then they just start talking about sports and things like that. [...] It's like a small segment, snippet, and then how they switch gears. It always bothered me before, and with it actually being me, I didn't want to watch that.

Even with this short report that did not mention her name, she felt "exposed," which she connected to a lack of control over the narrative from her story. She said:

Well I'm a very private person. Even if I'm going through hard times, I don't like to broadcast that to anyone [...] [T]hey didn't ask me any questions. There was no calls made to me or talk to me personally [...] They didn't tell the story from my perspective. It was like she was shot and that's it.

When asked how she would change this narrative, she said she would prefer if a journalist "ask [ed] me specific feelings about me [...] if they actually interviewed me, yeah, instead of just writing it like I'm a nobody."

Several other participants shared similar impressions. One participant described the report on his injury, in which he was described in aggregate with several other individuals: "It was just 20 people got shot [...] I was just a person who got shot [...] man shot in North Philly." He explained that this style of reporting likely made it harder for his mother to cope with his shooting "just seeing them talk about her son like that like just a man shot in North Philly." He articulated that for him, this style of reporting suggests a lack of empathy on the part of reporters. He explained:

It sound like they don't care at all or they don't care about the victim. They care that there's shootings happening in the city because they're reporting it, but I feel like they don't care that the victim just got shot.

He expressed relief that the story was reported anonymously, illustrating tension between his feelings of dehumanization and desire for privacy.

Similarly, one participant explained that the report on his injury made him feel "exploited," describing how existing media narratives make firearm violence seem inevitable: "It's a guy got shot. The city is violent. That's what goes on. Expect this every day. Versus we have to stop the violence in this city. It's just routine." Taken together, participants who made the news conveyed an impression of the impersonal tenor of reports, describing how these narratives feel dehumanizing, lack a sense of empathy, suggest the inevitability of firearm violence, and cause additional emotional pain for loved ones in the immediate aftermath of a shooting.

### 3.2.2. *Reliving trauma: "I felt like I was back there"*

Several participants described the experience of reliving trauma when watching news reports about their injuries. One participant's shooting was recorded on a surveillance camera, which he said led to six different videos of his shooting being posted, including on several TV news outlets and on social media. The publicity made him feel "upset," and like "somebody's trophy or somebody's highlight." He reported that he had watched one of the videos three times. When asked how watching the video made him feel, he said, "I felt like I was back there. [...] when I watched the video that's – that's when I seen everything unfold, like what happened to me and all that." He explained that on the video, he saw his friend get fatally shot, which he had not seen first-hand at the time of the incident.

Another participant expressed the anguish of watching a video posted on Instagram that depicts the immediate aftermath of his shooting:

It gave me tears to my eyes, because just seeing me hurt and them putting me in a cop car. I didn't believe it at first [...] I was getting dragged by my hoodie and my pants, and I was falling, and the cops was just trying to pick me up, and they just kept letting me fall.

One participant described avoiding news reports about his shooting so that he would not have to relive what he interpreted as post-traumatic stress. He explained: "I have post-traumatic stress [...] I don't want that poison in my head. [...] I don't want to relive it. I want to move on with my life." Similarly, several other participants described avoiding news altogether in an effort to prevent emotional pain and trauma additional to what they experienced as result of being shot.

### 3.2.3. *Impact of inaccuracies: "The news don't always have the right information"*

Most participants who "made the news" (68.8%) cited inaccuracies in reporting. For some, inaccuracies felt traumatic and increased anxiety for them and their families. One participant shared his impressions of watching TV and social media reports on his injury, "You play back the incident, but then when you're looking at the news reports, sometimes it will make you frustrated because the news don't always have the right information." Although he characterized the information the news got wrong as "minor" like "how many times [he] was shot, where [on his body he] was shot," he felt that the journalists had a responsibility to get those details right because "[n]ews is one of the biggest platforms in the city." He went on to say that the news described his condition as "critical," which he said was not accurate. Because of hospital visitor restrictions due to COVID-19, he explained that his family was relying on news for information about his injuries and well-being. In his view, this inaccurate information had serious social consequences: "So now you've got people skeptical and believing like I really might not pull through [...] I got grandparents. [...] and anything can happen. They can have a heart attack [...] because you're giving out information that is not facts."

Another participant described similar frustration with inaccuracies in reporting. He explained that reports on Instagram and TV news stated that he was shot six times, which prompted family and friends to come to the hospital from out of town concerned he would die. He explained that he was actually shot three times. He interpreted that if reporting on his injury had been accurate, it could have reassured his family and caused less stress.

One participant described an inaccuracy in the description of her relationship to the person who shot her in a local newspaper report. She described feeling "upset, hurt, traumatized" by the false assertion that she did not know her shooter. She explained that she had been repeatedly threatened by the person who shot her and that she had sought protection from law enforcement multiple times, including a restraining order. For her, the consequence of the inaccuracy was additional emotional pain:

[I]t was just more hurtful for me because I kept trying to get help and nobody, like the police or stuff like that, they didn't do anything [...] I just don't want people to think [...] like it was just a random thing like no like this was something that was going on for years and I just never got help that I was asking for.

She said she did not seek to correct the story, because she did not want to reveal her identity in any news reports.

### 3.2.4. *Threat to personal safety: "Giving people information they shouldn't have"*

Multiple participants perceived that media reports could result in threats to their personal safety. One young man described his reaction to watching his news story online the day after his shooting:

I remember being kind of mad that they said which hospital I went to. [...] I was just mad 'cause like, I just don't know people's intentions. [...] I don't know if they was like, oh let me go to the hospital and see if I can go get this person [...] that's what was going through my mind. So I was like why would they say what hospital I went to?"

Another participant echoed similar concerns, explaining that reporting that he was still alive and what hospital he was being treated at could have placed him in danger: "[I]f the incident happened and whoever shot me really wanted to do something to me, now you're letting them know [...] he's still alive. He's in ICU at XX Hospital [...] You're giving people information that they shouldn't have." He went on to explain that even anonymous reports carry this risk, because "[T]he city is small. So once something gets out and then you know people, it gets to everybody."

### 3.2.5. *Harm to reputation: "People think you did something"*

Multiple participants felt that making the news after being shot has the potential to be stigmatizing. One young man explained it this way: "when you make the news, depending on how they word your story, you could be looked at as a gang violence criminal." After seeing the story about his injury on the news, family members assumed he was involved in illegal activity: "My aunts called me. Are you in the streets? [...] Are you doing this or are you doing that?" Another participant described how the report on his injury described him as a "'20-year-old, critical, riddled with bullets' like I was just somebody that was on the street doin' somethin' when I was in the house where I belong," illustrating his perception of the way certain descriptions in news reports can imply criminality and complicity in the cause of a shooting. Another participant expressed similar concerns when asked if the report on his shooting affected his reputation, "Just from those who don't know the whole story, people probably think like, I'm involved in [...] they're probably like what is he getting into?" Finally, one participant explained that the circumstances of his shooting would be important to include in a news story to emphasize that he was the victim of violence:

It's like the first thing people think when you get shot is it's like people think you did something. But people don't even understand. I

literally was going to see my daughter, and I was going to the dentist [...] Instead of saying man shot in North Philly, say innocent man shot in North Philly. Because I don't like people just looking at me or looking at my situation and just painting a picture.

### 3.2.6. Public perceptions of safety and community: "You're making people more fearful"

Several participants drew connections between reporting on firearm violence and public perceptions of safety and community. When asked if he would be willing to speak with a journalist about his shooting, one participant said yes:

[F]or change, not to exploit me [...] I would basically let them know your App is not balanced. You report the gun violence, but why not do a follow-up report [...] for the victims, the survivors, the families that had to bury these people, the whole process? Just don't do a guy got shot over there, a guy got shot over here. You're making people more fearful. You're more fearful, you're going to arm yourself more.

This statement contains two important observations. First, the participant is highlighting his perception for the need for follow-up stories that include interviews with people and communities impacted by firearm violence. Second, he is suggesting that reporting on firearm violence that contains limited information and does not include follow-up stories, may be perpetuating fear, which may be contributing to increasing firearm use and in turn, the increasing incidence of firearm violence.

A few participants indicated that some firearm violence perpetrators watch the news to get updates on their victims. One participant explained that if a firearm-injured person is thought to be alive based on a news report, this could cause a perpetrator to "come back around and shoot up the block again." The participant who felt like "somebody's highlight" (see above: "Reliving trauma") explained that this feeling was due to the posting of the video of his shooting on television news and social media:

So I feel like you do something, and it makes the news like that's it, that's a highlight for them, they can gloat about it. [...] [T]hey can get all some types of ways seeing themselves do that to somebody [...] [T]hey can watch that video any time that they want now."

This statement underlines how participants perceive that some media reports may be providing positive reinforcement for shooters and in turn, potentially perpetuating the cycle of violence.

### 3.2.7. Meaning of not making the news

A significant proportion of participants were not aware of any news media reports about their injuries. For the most part, participants felt relieved about not making the news, however a few expressed conflict regarding the lack of public awareness that not having their injuries reported could cause.

When asked how it made him feel that his injury was not in the news, one participant said "To be honest, it didn't make me feel any type of way. It's just too much stuff going on especially in Philadelphia, so I know everything can't be but on the news or in a newspaper article." Like several other participants, he explained that he didn't expect his shooting to make the news because he "didn't really get interviewed by any police." He went on to explain that he was relieved to not make the news, because he was able to maintain his privacy and avoid negative or stigmatizing exposure:

If I would want the whole city to like see me on the news, I would want it to be for something positive. Something like that is negative and people tend to think about things or judge people because of the stuff they been through.

Another participant also expressed relief about not making the news, explaining that if she had been interviewed and had told her story, "[The

perpetrators] might have been after me for real, thinking I'm a snitch. That's one reason why I'm not even mad that the news people didn't come, because I'm going to tell whatever I know; that's just what I do."

Other participants expressed conflicted feelings about not making the news. One participant said "I wanted the media to know but I kinda didn't. So I was happy that it just was only on there [the Citizen App] and didn't make the news kinda." Another participant believed that he didn't make the news, because his shooting by a stray bullet was not fatal. He expressed ambivalence about the idea of news coverage of his shooting, saying "It wouldn't have bothered me if I was in the news. It wouldn't have bothered me if I wasn't. [...] I wasn't surprised that there was no news report about it. I mean it wasn't an outrageous situation." Later in the interview, after some input from family members who participated in the discussion, the participant said he recognized some potential benefit reporting on his shooting might have had, saying "I'm not looking for recognition because I got shot [...] but I guess attention's good to try and help them [the perpetrators] get caught."

Of the ten participants who were not in the news, one participant was upset that his shooting was not reported. This participant, who was shot while talking to his uncle, said it just felt "wrong" that his story was not reported:

Like for somebody to get shot and had nothing to do with anything, it just hurt. It kind of felt like they just swept it under the rug and moved onto the next. My situation, getting shot 8 times, I just felt like I could have died out there. I kind of wanted it put out there [...] I never seen a detective, never talked to a detective.

He described his feelings as "sad," "ashamed," and "unimportant," explaining:

I'm not saying I'm better than the next person, but you hear this guy got shot in the leg he's cool, he's alright. You don't hear nothing about me. I was in surgery for 11 hours, fighting. So it was like sad.

He felt that his story is important for the public to hear, so that they can be aware that people with kids, who are working and "staying out the way" can get shot but explained that he would prefer any reports about him to remain anonymous for his safety.

## 4. Discussion

Participants interviewed for this study perceived multiple potential harms of "making the news" suggesting that news media may compound the psychological sequelae that often follows the physical trauma of a firearm injury (Haslam & Loughnan, 2014; Ogilvie et al., 2015; Vella et al., 2020). They described feelings of dehumanization, exploitation, and unwanted public exposure, articulating the ways in which their responses were contingent on the content and style of how their shootings were reported and publicized. The language participants used to describe the content of news reports suggests that these reports were *episodic*, and participants connected this episodic style directly to feelings of dehumanization. Quotations that appear to describe and episodic report and support this observation include: "They didn't even go into detail. It was just 'a victim, a female victim shot in her leg and she survived.' That was it." and "I was just a person who got shot [...] man shot in North Philly." Other perceived harms included the possibility that loved ones or the public may assume guilt of a firearm-injured person after viewing reporting that provides limited information or neglects to include exculpatory language. Participants noted that existing narratives may also reinforce a fatalistic view of firearm violence in their communities, implying that this problem is inevitable and not preventable. These findings provide further substantiation that episodic reporting on interpersonal firearm violence diminishes the potential for public health framing, limiting the public's understanding of and support for public health solutions for prevention. In addition, these results provide new insight into the perceived personal harms that episodic crime reporting

has on firearm-injured people.

One of the most notable findings of this study was that none of the participants were interviewed by a journalist about their shooting. Instead of gleaning information from interviewing the firearm-injured people in our study, journalists likely presented information collected from police (Dorfman et al., 1997; Iyengar, 1991; Marvel et al., 2018; Simon & Hayes, 2004). Most participants identified that this information contained inaccuracies, and that these inaccuracies led to emotional distress. When a person suffers a life-threatening injury like a shooting, they may experience feelings of vulnerability and a loss of control, and this could be compounded by also not having control over the public media narrative of their shooting (Ogilvie et al., 2015). If firearm-injured people were able to share their experiences through interviews with journalists who were educated and experienced in trauma-informed practices, this could potentially provide a sense of empowerment and a restoration of feelings of control over their injuries and recovery (Dichter et al., 2021; Simpson & Coté, 2006). An alternative style of reporting suggested by study participants might incorporate follow-up stories about recovering from a firearm injury, based on interviews with firearm-injured people and their families. Our findings corroborate existing ethical recommendations for journalists covering violence, namely that accuracy is essential when story-telling about survivors of violence and that opportunities for stories of resilience in recovery from injury have under-appreciated value (Simpson & Coté, 2006, pp.269-275). In addition, our findings indicate need for guidelines that incorporate the harms we identified.

We found that approximately 40% of participants were not aware of any news report on their shooting. This finding is in line with previous research indicating that news media vastly underreport the extent of firearm injuries in Philadelphia (Kaufman et al., 2020). This conflicts with a common justification for episodic crime reporting, namely that, in the interest of public safety, it must occur in real-time with limited information. Participants who did not make the news were generally relieved, though several expressed they felt conflicted over a desire for anonymity and the importance of increased public awareness about interpersonal firearm violence. Thus, it appears that firearm-injured people prefer not to make the news when reporting is episodic and excludes their own narrative. This should not be taken to mean that firearm-injured people are unwilling to be interviewed by journalists about their shooting, but instead suggests the need to modify journalistic practices to minimize potential harms for firearm-injury survivors who are interested in telling their stories.

Development and implementation of evidence-based reporting practices around suicide provides an important example of how research and public health advocacy can be used to impact media reporting on a public health problem. Multiple studies have shown that media reports on suicide are associated with increased numbers of suicides (Gould et al., 2014; Niederkrotenthaler et al., 2020; Pirkis & Blood, 2001; Stack, 2005). A recent meta-analysis of 20 studies found that the population risk of suicide increased by 13% after media reported the death of a celebrity by suicide, and when the method of suicide was reported, there was a 30% increase in deaths by the same method (Niederkrotenthaler et al., 2020).

Evidence of harms caused by certain styles of reporting has prompted health and suicide prevention organizations, including the World Health Organization (WHO) and Suicide Awareness Voices of Education (SAVE), to recommend that media follow guidelines for responsible reporting of suicide (SAVE, 2015; World Health Organization, 2014; 2017). These guidelines include specific harm-reduction recommendations, including avoiding prominent story placement, sensationalizing headline or story content, glamorization or oversimplification of suicide, discussing the method of suicide, and repeated reporting about the same suicide (SAVE, 2015; World Health Organization, 2014; 2017). They also suggest that media use language that is sensitive to the grieving family and provide resources for suicide prevention when reporting on suicide (SAVE, 2015; World Health Organization, 2014; 2017). Similarly, media coverage of

mass shootings has been shown to have a contagion effect, and guidelines exist for reporting on mass shootings that emphasize public education, comforting survivors and families, and provision of resources for the public (Boyd & Molyneux, 2021; Meindl & Ivy, 2017; SAVE, 2017). To our knowledge, no national or international recommendations exist for reporting on interpersonal firearm injury and homicide, though the potential negative impacts of episodic crime reporting may be similar to the known effects of media reports on suicides and mass shootings.

Our results also offer some insights into strategies that could be used to minimize the direct harms of media reports on firearm-injured people and provide the basis for the development of media guidelines for reporting on interpersonal firearm violence. First, episodic crime reports could be replaced with stories that incorporate the victim and community perspective, including sources and narrators apart from law enforcement. Second, specific information about a firearm-injured person's clinical condition, number and location of bullet wounds, and whereabouts, including the name of the treating hospital, could be omitted from reports, unless verified with and approved for inclusion by the victims themselves. Addressing these issues would require journalists to contact and interview firearm-injured people and their families and hopefully in turn, lead to more nuanced and empathetic reporting that centers the voices and narratives of those most impacted by interpersonal firearm violence. To support this, healthcare providers could build pathways to connect firearm-injured people with resources for media literacy and support opportunities for story-telling through community journalism or with trauma-informed journalists (PCGVR, 2022). Finally, limitations on videos that depict graphic violence should be considered with the understanding that they are likely compounding the trauma experienced by shooting survivors, their loved ones, and their communities and potentially providing positive re-enforcement for perpetrators. Once created, media guidelines would need to be supported and implemented not only by journalists crafting the stories, but also by editors, executives, and media corporations, and engagement of newsmakers at all levels in this process will be another facet of harmful reporting mitigation going forward.

We uncovered several interesting findings that are worthy of future study. The definition of what constitutes media according to our study participants was broad. Social media was a common modality for the viewing of news reports on firearm violence for the study participants, therefore the role of social media in shaping the narrative on firearm violence should be considered in follow up examinations. We identified multiple references made by study participants to law enforcement, and what appeared to be at times a nebulous distinction between the roles of media and police in addressing firearm violence. Delving deeper into the overlap that participants identified between media and law enforcement responses to firearm violence will be a subject of future research. Although we did not specifically examine the ways in which participants understood the role of race and racism in the context of media narratives about firearm violence, this is an area that is important for future investigation as well. Communications theory suggests that the episodic-thematic dichotomy may be an overly simplistic way to critique media framing, therefore future examinations may consider analyses that incorporate more nuanced theories of framing (Cacciatore et al., 2016; Chyi & McCombs, 2004). While we identified some important perceived harms of episodic crime reporting, the specific content of stories that present an alternative narrative requires more attention to ensure that this frame is compelling to audiences and can in turn garner political support for public health solutions (Coleman & Thorson, 2002).

Our study has several important limitations that deserve mention. We did not collect information on the media reports described by study participants, therefore we cannot say whether the content they described was accurate or whether they did or did not actually "make the news." This study was conducted at a single trauma center in Philadelphia, therefore our findings may not be representative of perceptions of firearm-injured people across Philadelphia or in any other context. Because of the qualitative nature of this investigation, it is likely that we

did not identify all the potential harms or benefits of the current media narrative on firearm violence in Philadelphia. While our study participants do represent a diverse group of ages, races, and gender identities, it is possible that not all viewpoints were captured in this qualitative study. Specifically, we did not obtain and include the viewpoints of family members of people fatally shot, who may have unique concerns regarding reporting on firearm violence. In addition, we did not include non-English speaking firearm-injured people, whose viewpoints will be important to investigate in future studies. Nonetheless, our study contributes important new knowledge to the subject of media reporting on firearm violence and makes a critical step to center the perspectives of firearm-injured people in this discussion.

In conclusion, this study provides important and novel insights from firearm-injured individuals on media reporting on their own injuries and on firearm violence in their communities. The predominance of harms identified indicate the need for ethical guidelines and recommendations for best practices in reporting that acknowledge these harms. Journalists, public health practitioners, and researchers in both fields should work together with communities impacted by firearm violence to identify strategies to reframe firearm violence as a public health problem through reporting that is trauma-informed and incorporates the perspectives of firearm-injured people. Further research is needed to develop specific recommendations for reporting on firearm violence that will most feasibly and effectively support framing of this crisis as a preventable public health problem.

#### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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#### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ssmqr.2022.100212>.

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