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Partnering with Black Funeral Home Directors to Reduce Mortality and Gun Violence

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ABSTRACT

For generations, Black Funeral Home Directors BFHDs have operated within the Black community, accumulating extensive knowledge of multiple family generations impacted by firearm-related deaths and possessing decades of neighborhood-level insights. BFHDs can be key allies in developing and implementing premature death and violence prevention efforts. The increasing incidence of chronic disease, suicide, and homicide related to gun violence among Black Americans, particularly in low-income neighborhoods, represents a significant public health threat and social justice issue. The Epidemiological Criminology framework is proposed to understand factors affecting chronic disease risks, premature deaths, and criminal justice responses, allowing for the promotion of social work practice that supports trauma-informed responses, self-care, and healing. This article explores the potential for collaboration between BFHDs and social workers to address the complex issues of gun violence and premature death in Black communities, leveraging the unique position and cultural competence of BFHDs to complement existing efforts targeting high-risk groups.

KEYWORDS

Black funeral homes; social work practice; criminology; violence prevention

Introduction

The escalating rate of firearm-related deaths in Black neighborhoods constitutes a major public health concern, with far-reaching consequences for individuals, families, and society at large. This conceptual paper examines the potential role of Black Funeral Home Directors (BFHDs) in addressing and mitigating mortality rates and firearm incidents in underserved Black communities. Given their established presence and comprehensive understanding of families affected by firearm-related losses, BFHDs represent an unexplored resource in combating this critical issue. Their unique position within these communities offers potential for developing and applying innovative strategies to address this pervasive problem.

Firearm incidents disproportionately affect Black community members across all age groups, with youth and young adults facing particularly high risks. Recent statistics reveal significant disparities in firearm-related fatalities between Black and white populations. From 2018 to 2022, there were 3,881 firearm homicides and 4,622 total gun deaths among Black children ages 0 to 17 (Sperlich et al., 2022). In 2022, the firearm homicide rate for Black children ages 0 to 17 was 10.87 per 100,000, compared to just 0.60 per 100,000 for non-Hispanic white children of the same age (Centers for Disease Control and Prevention, 2024). This stark contrast underscores an urgent need for targeted interventions. The

persistent nature of these disparities, and unanticipated criminal justice and public health threats highlights the complex societal factors contributing to this crisis.

For example, the year 2020 saw a significant spike in firearm homicides during a time the United States was adversely impacted by emergence of COVID. The Black community suffered as a result of this global pandemic and was significantly affected. Piquero and Roman (2024) in their cross-sectional study of firearm homicide demographics pre and post COVID using mortality data from CDC Wonder Online Data base, observed that for the year 2020, Black persons experienced 14 times the rate of firearm homicide rates in comparison to their white racial counterparts. MacDonald et al. (2022) in their multi-city study inclusive of Philadelphia, New York, and Los Angeles, using open data found that for years 2020–2021 Black persons were disproportionately impacted by gun violence, more so than other racial and ethnic groups residing in similar high risk hot spot areas for select cities examined. Taylor (2022) in discussing Black mental health disparities and COVID stated, “The complex interplay of individual stress, generational trauma, targeted violence, and mass catastrophe undermines mental well-being for many Black Americans. Even with an abundance of resources and support, dealing with these various layers of oppression is challenging” (p.5). It can be surmised that historical barriers as noted, as well as emerging threats such as COVID increased health and justice disparities (i.e., over policing, structural racism, and poverty) placing more Black persons, particularly those in high crime hot spot areas at greater risk of violence leading to death based on confluence factors noted.

The repercussions of firearm incidents extend beyond immediate casualties, profoundly impacting the mental health, academic achievement, and overall well-being of Black youth. Studies have shown that children exposed to gun violence are more likely to experience anxiety, depression, and post-traumatic stress disorder (Bender et al., 2021). These mental health challenges can hinder personal growth and perpetuate cycles of community-wide trauma. The long-term effects of such exposure can significantly alter the life trajectories of affected individuals, impacting their educational attainment, employment prospects, and overall quality of life. Research has also shown the adverse effect violence leading to homicide can have on the well being of families affected by such a traumatic event where PTSD, complicated grief, and depression can result (McDevitt-Murphy et al., 2012). It is evident that young Black persons, particularly males can be perpetrators as well as victims of such violence.

For Black adolescents and young adults, the situation is particularly grave. Firearm-related incidents are the leading cause of death for Black teens ages 15–19. In 2022, the gun homicide rate for Black boys ages 15 to 19 was 86.94 per 100,000, compared to 3.38 per 100,000 for their non-Hispanic white counterparts (Centers for Disease Control and Prevention, 2024). Black male teenagers are significantly more likely to die from firearm injuries from assaults than other racial groups, at 77% versus 45% (Bachier-Rodriguez et al., 2017). These statistics highlight the disproportionate impact of gun violence on young Black lives.

Young Black adults continue to bear a disproportionate burden of gun violence. Young Black males ages 15–34 made up just 2% of the U.S. population but accounted for 36% of all firearm homicide fatalities in 2021 (Johns Hopkins Center for Gun Violence Solutions, 2023). The firearm homicide rate among Black men ages 10 to 44 increased from 60 per 100,000 in 2019 to 86 per 100,000 in 2021 (Centers for Disease Control and Prevention, 2024). This high rate of gun violence not only results in loss of life but also contributes to trauma, reduced mental well-being, and disrupted communities. It perpetuates cycles of violence and exacerbates social and economic disparities, creating a complex web of challenges for Black communities.

The severity and persistence of this issue necessitate innovative approaches that leverage existing community resources and networks. BFHDs, given their unique position within these communities, could play a crucial role in developing and implementing strategies to address this pervasive problem. Their deep understanding of community dynamics, combined with their firsthand experience of firearm incidents’ aftermath, positions BFHDs as potential key allies in efforts to reduce such incidents and mitigate their devastating effects on Black communities (S. D. Jones-Eversley & Rice, 2020). The

integration of BFHDs into comprehensive violence prevention strategies represents a novel approach that warrants further exploration and research.

This paper aims to explore the historical context of BFHDs, examine current challenges, and identify opportunities for collaboration with social work professionals. By doing so, we seek to highlight innovative strategies for prevention and intervention. Subsequent sections will provide an in-depth analysis of firearm incidents in Black communities, investigate the role of BFHDs, and discuss frameworks for integrating their expertise into broader public health and social work initiatives. Through this comprehensive approach, we hope to contribute to the development of more effective, community-centered solutions to the crisis of firearm-related deaths in Black communities.

Black funeral homes and gun violence prevention and intervention

Black Funeral Homes Directors (BFHD) and Black-owned Funeral Homes (BFH) are potential allies to crime and violence prevention and reduction in the Black community. BFH possess intergenerational demographic family histories whose culturally relevant, place-based services can contribute to the reduction of chronic disease, violence, and death in the Black community. From a socio-historical perspective, BFHD trusted reputation and place-based expertise would complement existing prevention and intervention efforts targeting high-risk groups. BFHD also have a history of monitoring geographic distributions of chronic disease, violence, and mortality impacting Black families and communities. Working directly with the BFH and BFHD may be a promising practice to leverage existing social work, health promotion, and crime prevention efforts to avert premature death among Black people, particularly deaths due to chronic disease (i.e., cardiovascular disease, cancer, unintentional injuries, stroke, chronic lower respiratory disease, diabetes, and kidney disease) and violent crimes (i.e., suicide and homicide).

The historical role of black funeral homes in providing community support

Along with faith-based Black institutions (e.g., churches and mosques) and barbershops-salons, funeral homes have been a stable social support and a type of Black-owned business that has remained in impoverished Black communities (Graham, 2016; Laderman, 2005; K. Palmer et al., 2020). Although it is clear that the three Black social institutions previously mentioned are community-based, only BFH maintains genealogical records of critical sociodemographic and confidential medical and mortality data across multiple generations, which can help develop interventions (Block et al., 1999; Gershon et al., 2011). Such vital statistics include cause of death, place of death, lists of surviving relatives, types of services: cremation, religious, cultural, or military funerals and burials, copies of obituaries, death certificates, and other relevant artifacts (Block et al., 1999; Kopp & Kemp, 2007). Further, BFHD are traditionally viewed by many as trusted family business owners, who do not abandon the Black community (Alang et al., 2017; Aschenbrenner, 1973). The important role of BFHD in providing a safe space for the fostering of the Black bereavement process is not a new phenomenon. The cultural respect, affinity, and historical, social, and economic relevance of BFHs align with African celebratory deaths and burial protocols (Miller, 2015; Williams, 2014).

Black funeral and burial traditions are deeply rooted in Africa as a rite of passage to eternal peace, freedom, and justice (Fletcher, 2022; B. Palmer, 2022). These traditions were necessities that both dignified and humanized Black Bodies. It was a welcomed counterculture move of Black solidarity to the dehumanizing and devalued Black people experienced in the U.S. since slavery and now during the Black Lives Matter era (Afuafe & Kerry Oldham, 2022; Arabindan-Kesson, 2021). During the Transatlantic slave trade, enslaved Africans who died on the slave ships were often thrown overboard (Jamieson, 1995; Rubin, 2017). Some early colonies had African cemeteries for deceased enslaved people (C. Brooks, 2011). However, most states forbid enslaved people to mourn and bury their deceased loved ones. Also, due to racist and segregated laws and dehumanized views of enslaved

African and African American, White funeral homes refused to touch, embalm, or bury deceased enslaved Black people. Black embalmers and morticians emerged as reputable licensed professions, producing lucrative business opportunities for Blacks before and after the Civil War (Bunch-Lyons, 2015; Jamieson, 1995; Rubin, 2017).

Notably, after the 1865 Emancipation Proclamation that abolished slavery in the U.S, the Black funeral industry expanded and continues serving Black families and communities (Owens, 2020; Roediger, 1981; Rumbold et al., 2020). Even though the U.S. courts ruled Jim Crow laws were unconstitutional, funeral homes have remained mostly segregated businesses due to discriminatory socio-psychological ideologies and practices stemming from slavery that devalued black lives, bodies, and corpses (Brown, 2009; Ingham, 2003; P. R. Jackson, 2016; Turner, 2016).

Black funeral homes responses to the persistence of black deaths in the United States

Since slavery, high Black mortality due to chronic disease and crime has always been a public health and criminal justice problem in the U.S (Ewbank, 1987; Steckel, 1979). BFHD are culturally responsible service providers that respectfully bury deceased Black people (Bunch-Lyons, 2015). For many Black families, whether a disease or criminal matter incited the death, BFH's bereavement services are marketplaces closely aligned to families' race/ethnicity, culture, and religion (Chevalier et al., 2008). Particularly, in crime-related deaths, supporting Black families whose loved ones were criminally lynched is just one example of BFH's providing comfort and support to the Black community in the face of racism and injustice as a result of a prominent Black male's premature death. The open-casket funeral of Emmett Till is a famous example of a race killing which traumatized the Black community and a pivotal moment that reignited the Civil Rights Movement based on the harsh Jim Crow policies and practices in U.S. South. Emmett Till was a 14-year-old young Black male from Chicago who was brutally murdered on August 28, 1955, while visiting family in Money, Mississippi (Nodjimbadem, 2015). He was accused of inappropriate behavior, flirting with a White woman, Carolyn Bryant, in her family's grocery store he was patronizing. As a result, he attacked by White family members of Bryant and murdered with his body being found in the Tallahatchie River barely identifiable. Due to the graphic nature of the violence perpetrated against Till, his mother Mamie Till made the decision have his casket opened during the funeral service and to allow pictures of the open casket published, exposing his mutilation at the hands of his White perpetrators who were acquitted of the crime. Till's murder shocked the conscious of America (Harold & DeLuca, 2005). This historic event reflects the historical violence toward Black bodies at that time which can be argued remains today in the form of the shootings of innocent and unarmed Black persons by law-enforcement. Harold and DeLuca (2005) in their analysis of the case of Emmett Till and images shown to the world noted that, "The victimized black body, which had once been a celebrated spectacle of white hatred, either through public lynchings or, later, portentous 'disappearances,' was now a powerful symbol of resistance and community" (p.283). It can be argued that such pain is reflected today which is manifested in the premature deaths of young Black men and gun violence.

According to industry statistics related to funeral homes in the U.S., there are 24,636 funeral homes in the United States (Industry Statistics-Funeral Homes in the U.S, 2023). A majority of funeral homes (89.2%) in the United States are owned by families (National Funeral Directors Association, 2023). The NFDA denotes that the terms funeral home directors, morticians, and undertakers are synonymous terms (National Funeral Directors Association, 2020). In 2020, Black funeral home directors, morticians, and undertakers made up 11.2% of the funeral home workforce (Data USA, 2023). In most Black communities, funeral homes are intergenerational Black-owned family businesses (P. R. Jackson, 2016). Funeral directors offer services such as funerals, cremations, and memorials, as well as end-of-life planning and bereavement mental health services (Bryan, 2015). Historically, most funeral directors were male; however, there have been recent gender and racial/ethnicity shifts in funeral home directors (Bryan, 2015; Pruitt, 2018).

Historically and currently, the majority of the U.S. funeral home industry is White-owned, and in 2020 they owned 83.8% of the funeral home industry (Data USA, 2023; Laderman, 2005). However, in the last 50 years, death industry research has found slight, but steady, increases in Black female and Hispanic and Asian funeral home directors, morticians, and undertakers (Bryan, 2015; Data USA, 2023; Donley & Baird, 2017; Hahn et al., 2002). In 2020, it was estimated that the gender of funeral home directors, morticians and undertakers was 72.2% are male, and 27.8% females (Data USA, 2023).

BFHD play a significant public health role in death registration, death reporting with the U.S. Census, National Center for Health Statistics, and Centers for Disease and Prevention (Hahn et al., 2002). When considering the plethora of social determinants of health and social determinants of death in America, the prospective role of funeral homes and funeral directors as allies supporting their customers' hereditary health, could be a plausible consideration (Walter & Bailey, 2018). Funeral homes are mainly underused, or at best, have been mostly informal public health partners with great capacities to improve interfamilial health education and health promotion. These same BFHD also provided services to deceased victims of crime and murdered offender's social networks that encompass vulnerable and at-risk populations such as gang-involved youth (Alang et al., 2017; Olsson et al., 2018).

Today, many BFH operators are confronted with shifting operations to address the unique challenges presented by the novel coronavirus (SARS-CoV-2) and an American society attempting to come to terms with unresolved political and social justice issues. Due to the impact of the coronavirus (SARS-CoV-2) pandemic, strict new regulations that limit access to deceased loved ones compounded the trauma of families and friends who wished to grieve in a traditional manner at that time when strict travel and visitation restrictions were in place. For example, as alluded to earlier, many Christian-based Black families rely on the community BFH to discuss burial options and coordinate engagement with insurance companies or other entities (i.e., the public welfare system) to identify funding resources that can support burial, particularly if the family is indigent.

BFHD and their staff are instrumental in coordinating transportation for family members and venue for services (i.e., church, or funeral home affiliated family life center) to accommodate family, friends, and loved ones. This process of "laying a loved one to rest" through the conducting of a Home Going Service was not feasible due to the health restrictions of SARS-CoV-2, thus removing a time-honored tradition in the Black Community. As a result, disbelief and trauma were compounded by not only the death of a loved one but the inability to celebrate their life publicly and share respect. Grief was very complicated because they could not fully participate in traditional rituals and services that may afford comfort when a life is lost as a result of suicide and homicide reflecting a mental health gap that even today still needs to be adequately addressed.

Rationale: making the case for a social work response

Social workers are uniquely positioned in society and comprise the nation's largest discipline providing mental health care, licensed clinical social workers can assess and treat families in crisis that can lead to gun violence (Lanyi et al., 2019). Black Funeral Homes Directors (BFHD) and Black-owned Funeral Homes (BFH) are often overlooked social work, public health, and criminal justice partners who possess intergenerational demographic family histories and whose culturally relevant, place-based services can contribute to the reduction of chronic disease, violence, and premature death in the Black community.

For instance, licensed clinical social workers can diagnose and treat families in crisis that can lead to gun violence (Lanyi et al., 2019). Social workers play a crucial role in supporting black teen victims and black male victims of gun violence by offering a range of services. Social workers provide trauma-informed care counseling, emotional support, resources, and support with navigating the challenges that arise after experiencing violence (Dorris & Murphy, 2023). Social workers can help victims, and their families navigate the complex aftermath of violence, address mental health needs, and assist with accessing treatment, healthcare, housing, legal support, and educational resources. Social workers also advocate for systemic changes to prevent future violence and address the root causes affecting these

communities (Sperlich et al., 2022). Social workers also work to create policy changes to address systemic inequalities that contribute to violence and work to empower these individuals to heal, rebuild their lives, and become positive forces in their communities (Sperlich et al., 2022).

BFHD and their staff, like many social workers, are deeply rooted in Black culture. Additionally, both social workers and BFHD have witnessed and supported multiple generations of their clients through numerous adverse lived experiences, disparities, and inequities social workers and BFHD share a common goal of assisting families during challenging times; together social workers and BFHD can ensure that grieving families impacted by gun violence receive comprehensive care.

Epidemiological criminology framework and social work practice

The continued untimely deaths of Black men, women, youth and children due to gun violence and other causes are observed up close by BFHD and require a more comprehensive understanding of this problem. An Epidemiological Criminology framework is defined as a framework interconnected between criminal justice and public health which seeks to address health risks inclusive of violence (T. Akers & Whittaker, 2010). Crime is deemed as a social disease on a community level which must be addressed. Aligned with social work practice, this model can provide opportunities for care to address trauma associated with gun violence at various stages and levels. The complexities of the social product of criminal behavior are especially relevant when assessing the impacts of grief and bereavement on the families and communities when their loved ones die after encounters with law enforcement (Baker et al., 2019). T. A. Akers and Lanier (2009) note that such a framework can be vital in explaining the dynamic relations between the fields of criminal justice and public health. Proponents of this framework (see Figure 1) viewed law as a social product that formalizes criminal behavior (Potter & Akers, 2010).

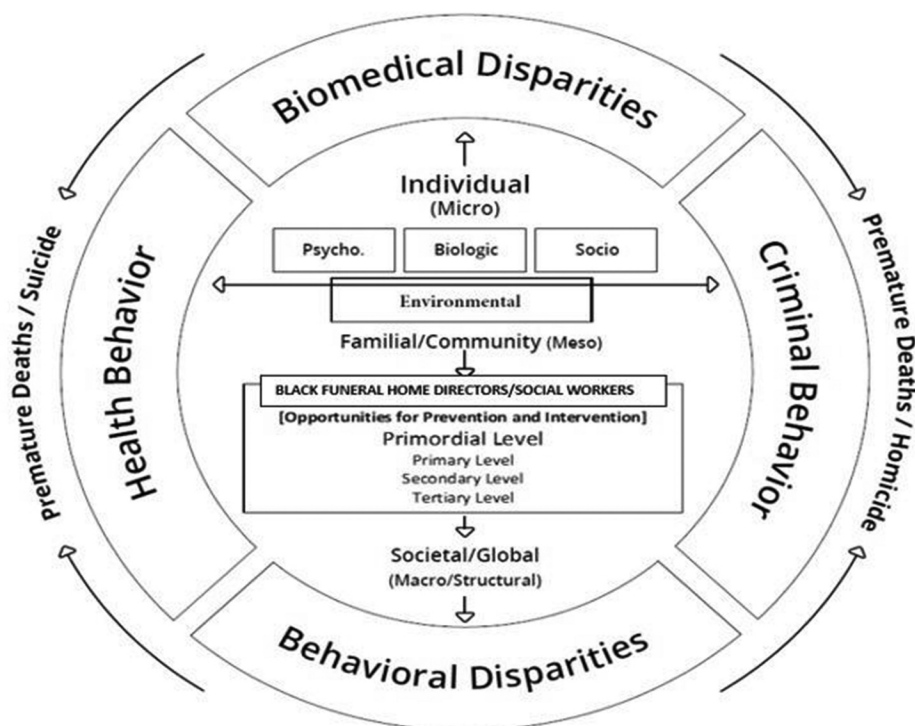


Figure 1. An applied Epidemiological Criminology framework for black funeral home Director's (BFHD) prevention of black premature death (source: adapted from Potter and Akers Epidemiological Criminology framework (2010, p. 598)).

The inclusion of social work practice can undergird the Epidemiological Criminology framework presented and provide a holistic approach to addressing gun violence in the Black community. More importantly, provide a framework that does not ignore trauma and healing, and promotes prevention and intervention of gun violence and self-harm associated with suicide. The adapted framework presented builds on predecessors' model development (Potter & Akers, 2010) and recognizes behavior on the individual (micro), family and community (mezzo), and societal and global levels (macro/structural) and its relationship to criminal justice and public health behavior. Included in our adaption is recognition of problems such as gun violence unique impact on the Black community, thus emphasis on biomedical and behavioral disparities. The framework also considers interplay between psychological, biological, sociological factors of influence as well as the environment in determining health outcomes.

Investigation of these factors aids in the understanding of variables that influence health, crime, and well-being and surveillance data acquired. Social work practice and engagement can be applied as a means of gun violence intervention and response on the primordial, primary, secondary, and tertiary levels. For example, social workers can provide meaningful referrals to relevant agencies to children who have experienced trauma and lost a relative due to gun violence which demonstrates tertiary response that ensures proper therapeutic and mental health services are made available. A collaborative interdisciplinary approach, which considers the sharing of information and leveraging of resources across diverse disciplines, inclusive of social work practice, affords a broader lens in which to understand the role of BFHD and the unique role they can play in addressing health disparities and decrease in lifespan. Thus, the building of an Applied Epidemiological Criminology Framework for Black Funeral Home Director's (BFHD).

The high frequency of Black males' premature death prior to 25 years old must be addressed (S. Jones-Eversley et al., 2020; Reed et al., 1998). Death disparities, life expectancy data, mortality rates, death-to-ratio analysis, and cause of death assessments are critical to analyzing and addressing premature deaths of Blacks (Cunningham et al., 2017; Fuchs & Eggleston, 2018; Wang et al., 2016). Families and communities undergo more confounding grief and bereavement processes when premature deaths result from intended fatalities at the hands of human beings (Fuchs & Eggleston, 2018). One study of funeral home directors found that families viewed suicide deaths with shame and embarrassment (Calhoun et al., 1989).

Recent grief and bereavement research reports that the frequency of dying and death exposure is higher in Black families than in White families (Umberson et al., 2017). Premature death happens before the average age of death in a select population within specific geographic regions (Range & Thompson, 1987; Roediger, 1981). Unfortunately, premature death and gun violence remain major criminal justice and public health problems in the United States (Miner-Romanoff & King, 2014; Aspholm et al., 2019). Thus, recommendations that consider primary, secondary, and tertiary strategies involving BFHD should be considered. Social workers in collaboration with BFHD are uniquely positioned to provide support, training, and services in addressing problems of mutual concern which impact shared populations and allow for healing.

Opportunities for intervention

For many families, funeral homes, and grief-bereavement services are culturally sensitive marketplaces closely aligned to their familial, religious, and spiritual beliefs (Bunch-Lyons, 2015). Geographically, using placed-based prevention and intervention resources to combat premature deaths are recommended health prevention and health promotion strategies (Baltrus et al., 2019; Subedi et al., 2019; Tyner, 2015). It is also recognized that social workers collaborating with BFHD, and their respective staff can support a range of active and passive activities and interventions on the primary, secondary and tertiary levels (see Table 1) based on their access to vulnerable populations and deceased victims and offenders.

Table 1. Black funeral home Director's (BFHD) opportunities for prevention and intervention to reduce black premature death using advanced social work practice.

Levels of Prevention	Engagement Activities Snapshot	Passive Examples in Practice	Active Examples in Practice
Primary Prevention: <i>Stopping violence and harm before it happens</i>	<ul style="list-style-type: none"> • Social Workers can conduct risk assessment with family and responsible parties • Notify law-enforcement and mental health providers in advance to adequately safety plan for high-risk services (e.g., gang involved funerals) • Provide literature with information to suicide hotlines, etc. • Bystander Intervention Training 	BFHD's can request violence interrupters (non-law-enforcement connected) such as <i>Ceasefire</i> and <i>Operation Safe Streets</i> support family and staff to maintain safety at events with aim to prevent "retaliation violence"	BFHD's can ask targeted questions of family/responsible party related to deceased to assess risk at upcoming events planned for deceased (i.e., vigil, wake/viewing, funeral (celebration of life) and repast
Secondary Prevention: <i>Immediate response to violence and harm once it occurs</i>	<ul style="list-style-type: none"> • Immediate notification of law-enforcement • Immediate notification of mental health and victim services providers • Implementation of Bystander Intervention Strategies 	Notification of law-enforcement to respond to violent incidents/ events in real-time based on coordinated criminal justice response approach	BFHD's can be trained in <i>Bystander Intervention</i> and de-escalation techniques to interrupt harm when person(s) is a threat to themselves and others
Tertiary Prevention: <i>Approaches to address and reduce the impact of violence after an event has occurred</i>	<ul style="list-style-type: none"> • Make meaningful referrals to trusted providers in the community • Conduct follow-up with families and vulnerable person(s) to assess the benefit of referrals and efficacy of services. 	Black Funeral Home Director Provides direct referral linkage to mental health services and victims with guidance of social services organizations to address trauma and grief of associated families and friends of the deceased.	Black Funeral Homes and social work agencies/providers provide on-site workshops and care packages that support the health and wellness of friends, family, and community impacted by grief and violence.

On a primary prevention level, BFHD and staff can conduct safety planning with families and coordinate services in partnership with social workers early on, attempting to address potential violence using an "upstream" approach that focuses on the source of the problem. For example, questions such as, "*Are you concerned about violence occurring at the funeral?*" can be asked during the initial funeral-planning meeting by BFHD in situations where a Black child, teenager, or adult lost their life because of gun violence and the family anticipates violence or harm at the funeral. Outreach to police officers to be present at the funeral as a result of the funeral home client's affirmative response. In situations where there is distrust of law-enforcement, community-based violence interrupters employed by non-police affiliated public health entities to stem violence can also be facilitated by BFH's on behalf of the bereaved family based on the trust developed with Black community.

Processing trauma across the life span can be facilitated by licensed social workers who are culturally competent and informed. BFHD taking on such a role is a valuable support service when there is distrust toward police in the community. Violence interrupters, such as Baltimore's Safe Streets Program, can enter high-risk areas in community and high-risk events and attempt to deescalate anger prior, during, and after funeral related events without the stigma that summoning law-enforcement may bring (Streets, 2021). Also, accessing social workers for immediate support for all the parties involved, including other professionals, requires expertise in grief, bereavement, and the various stages of death-related traumas (Burke et al., 2010; Kgadima & Leburu, 2022). Secondary actions adopted by BFHD can consist of strengthened relationships with law-enforcement to develop enhanced responses to violence once

it occurs, as well as direct actions such as bystander intervention by staff once immediate conflicts are observed.

Lastly, tertiary strategies, consisting of BFHD, with the training from social workers who make meaningful referrals based on direct observation, client self-report, and employ trauma-responsive and culturally based mental health services can support healing and wellness for vulnerable children and marginal youth. While Black premature death due to suicide and homicide is not a new phenomenon for BFHDs, the encroachment of violence into funeral settings is testing traditional norms and moving BFHD to take a more intentional, collaborative strategies and proactive role to deal with a level of violence (Schroering, 2017).

Consideration of advanced social work practice

The role of social workers in responding to various forms of trauma and violence

While trauma is a common experience for adults and children in the United States (Substance Abuse and Mental Health Services Administration, 2022), exposure to gun violence and premature death makes Black families living in urban communities at high risk for continued exposure. An interdisciplinary approach to addressing trauma is important because the impacts of trauma are connected to behavioral, mental, social, physical, and financial problems. A criminal justice perspective that includes a

public health approach supported by BFHD and social workers is a model (Table 1) that could effectively address the challenges of premature death and violence.

BFHD are uniquely positioned to work with social workers to provide an array of intervention and prevention services for families, communities, and funeral home staff in a discreet and supportive manner in the aftermath of deaths caused by gun violence. Funeral homes as mental health and social service providers is an emerging practice in countries like China (Huang et al., 2021), where social workers are hired to provide specialized supportive services. The services are different from hospice, palliative, and end-of-life care. The social worker in the funeral home setting provides after death care for families and funeral home staff (Huang et al., 2021). The trauma associated with the high rates of premature death in the Black community impacts the entire community. Funeral home staff are at risk of burnout, vicarious trauma, and work-related stress in handling funerals in which the death was caused by gun violence. Social workers can provide them with support. Furthermore, social workers are equipped to provide resources and support to address the mental health, financial, and legal challenges some families experience, and the journey to healing, that results from gun violence trauma. The rising toll of gun violence in Black communities has made it imperative to explore unconventional, yet culturally resonant, strategies for public health intervention. One such innovative approach is the integration of licensed social workers with BFHD and BFH. This partnership could serve as a powerful collaboration for both grief support and violence interruption by meeting families at a critical and vulnerable moment. However, to make this model sustainable and equitable, key questions around funding, implementation, and community impact must be addressed. Funding for social work support should be explored to avoid placing undue financial burdens on family members; potential sources include grants and insurance coverage. A central consideration is how to cover the cost of the social worker. Given that both funeral homes and grieving families often face significant financial constraints, it is neither feasible nor ethically appropriate to pass this expense on to them. Funeral homes, particularly small, independently owned operations, typically operate on limited margins. Meanwhile, families burdened by the sudden, violent loss of a loved one are often unprepared for the full costs of funeral or burial services, let alone the additional expenses for grief or trauma services. The most viable solution lies in leveraging external funding sources, particularly those aligned with public health, community safety, and mental health. Community Violence Intervention (CVI) initiatives, which are already being used in some jurisdictions to deploy social workers into barbershops, schools, libraries and neighborhood organizations. This initiative could be positioned as an extension of those efforts, focused specifically on the point of

crisis and grief. Additionally, partnerships with nonprofit organizations and community foundations also represent promising avenues. Organizations committed to racial justice, community healing, and public safety such as the Annie E. Casey Foundation, or the Open Society Foundation may be interested in funding a pilot program. Embedding social workers through partnerships with local universities or community-based mental health agencies could also defray costs, while providing valuable field placements for MSW students under clinical supervision. The most effective model would be a blended funding strategy. Grant funds or local support can be used to cover outreach, case management, and trauma stabilization for all families, regardless of insurance status. Trauma informed care must include systemic reforms that address trauma associated with oppression, racism, and patriarchy (W. E. Shaia et al., 2019). Socioeducational interventions seek to address systemic oppression by working with communities to directly address the root causes of trauma. This can be very impactful in the case of community violence and premature death. W. Shaia (2019) introduced the SHARP framework to address the gaps between individual and systems intervention. SHARP has five components: 1) Structural oppression-seeks to identify structural oppression or overlapping issues that contribute to violence or premature death; 2) Historical context- takes into consideration the history of violence in a community i.e.: is violence a chronic problem in the community and how have the families or community members been impacted; 3) Analysis of role- asks what is the role of the providers “maintainer or disrupter?”; 4) Reciprocity and Mutuality- examines the strengths and gifts of community members to work collaboratively with the social worker; and 5) Power- recognizes the ability of community members to become involved in action to reduce community violence, when working with any individuals, families, groups, and communities. This is an approach that explores the historical and systemic causes of social problems such as community violence, as well as presents opportunities for marginalized groups to reclaim social power. Using SHARP, BFHD and social workers are encouraged to work with the community to challenge and disrupt oppressive systems and policies at the root of the violence resulting in premature death, it recognizes that community building requires collective action as a process and not an event. For example, social workers in partnership with BFHD could use their knowledge of gun deaths to advocate for gun violence prevention programs or work with community members to address policies that support the problems like poverty that are associated with community violence.

Implications for advanced social work practice

Social workers’ engagement of black men who are victims of violence is vital

Social workers are a critically significant piece of the puzzle needed when engaging with Black men who are victims of violence. Social workers provide an array of services to individuals, groups, and families that are exposed to community violence, which manifests into community trauma. Community trauma is the accumulation and interaction of multiple forms of violence, which alters the attitudes and values of a community and leads to a collective idea of hopelessness, degradation, and despair (Opara et al., 2020). Social workers have an ethical responsibility to pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people (National Association of Social Workers, 2017). Despite Black communities being disproportionately represented as victims and witnesses of violence, this population is less likely to seek social work and mental health services (Cronholm et al., 2015; Motley & Banks, 2018). The Black community, and more specifically Black men hesitate to access social work services because of historical racism and injustices imposed by the larger society (O’Conner et al., 2017; Voith et al., 2020).

To engage Black men, and we argue also women and children who are victims of gun violence, social workers must provide culturally competent service which starts by acknowledging, identifying, confronting, and reducing pervasive racism within the profession and society at large (O’Conner et al., 2016). Additionally external and internal barriers to services must be identified and addressed.

External barriers include scarcity of available resources; unfamiliarity with their rights; requirements that make them ineligible for assistance; transportation, financial resources, and internal barriers include depression, anxiety, PTSD.

Self-care strategies for victims of gun violence

Self-help applications are not a substitute for treatment from a mental health professional, but those affected by violent incidents may find that these tools help with the recovery process. Social workers play a crucial role in supporting Black victims of gun violence by offering a range of services that include self-help strategies. Social workers provide trauma-informed care counseling, emotional support, link them with necessary resources, and help in navigating the challenges that arise after experiencing violence. By providing culturally sensitive and long-term support, social workers aim to facilitate healing and wellness for families affected by violence. Social workers can help these victims, and their families navigate the complex aftermath of violence, address mental health needs, and assist with accessing counseling, accessing healthcare, housing, legal support, and educational resources. Social workers also advocate for systemic changes to prevent future violence and address the root causes affecting these communities (Sperlich et al., 2022). Social workers also advocate for policy changes to address systemic inequalities that contribute to violence and work to empower these individuals to heal, rebuild their lives, and become positive forces in their communities (Sperlich et al., 2022).

Self-care is a critical tool for victims of gun violence to heal and regain control over their lives. Self-care strategies are actions we do for ourselves to stabilize and improve our mental, emotional, and physical well-being. These actions may be different for everyone. Start by assessing current self-care practices for what works and eliminating practices that are detrimental and unhealthy. Next, identify self-care needs in the physical, emotional, psychological, social, professional, and spiritual domains. Black men, women, teenagers, and children who suffer from trauma will be afforded an opportunity to create a list of self-care practices that they would like to try and be advised to only incorporate activities that they can do and be consistent at. Black victims and survivors of gun violence, at the encouragement of social workers will be challenged to share their plan with someone that can be supportive and your accountability partner.

Recommendations

The utilization of the BFH and the epidemiological approaches to address and prevent the premature death of Black gun violence victims inclusive of social work practice may be a promising interdisciplinary approach to preventing homicides and suicides among this specific racial and gender population group. A place-based preventive strategy in tandem with utilizing an Epidemiological Criminology framework encompassing social workers, public health advocates, and criminal justice providers inclusive of BFH's role in disrupting the school to prison pipeline can hold merit. BFH interventions allow targeting locations with high rates of disease burden and deaths while dismantling the complex determinants of death threatening the population group's health, and life expectancy are needed to prevent Black people's premature death. Shootings at funeral homes, and at cemeteries demonstrates that the problem is encroaching into the environment of BFH operators even more so highlighting the importance of their engagement and attention to the issue of violence in their communities.

Additionally, recommendations should include an increasing curriculum of chronic diseases and violence demographics and Black death-related distribution data, as well as licensing and continuing education requirements for funeral home directors. And likewise, expand social work, public health and medical professionals, and criminologists' curricula and continuing education requirements regarding the intersectionality of the morbidity and mortality data regarding Blacks and their loss, grief, and bereavement processes. In some extreme cases where there is

a high risk of violence, personnel with conflict resolution expertise from the social work, criminal justice, and public health fields may need to be stationed temporarily in BFH to assist in preventing and managing potential conflict.

Conclusion

The utilization of BFHD (Black Funeral Home Directors) would be an innovative and creative place-based public health approach that must address the determinants of death, high mortality rates, death disparities, and death and dying exposures prevalent in the Black community particularly considering growing violence related to firearms. The incorporation of social work practice with the adoption of an Epidemiological Criminology framework that allows for social work practice to extend its community reach can expand the lens of researchers, policymakers, and practitioners committed to addressing the problem of premature Black Death due to gun violence with BFHD playing a significant role as trusted allies.

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