A Public Health Approach to Gun Violence Prevention

Testimony Prepared By:

Ruth Abaya MD, MPH
Assistant Professor of Pediatrics
Division of Emergency Medicine
Fellow, Violence Prevention Initiative

Good afternoon.

I am grateful to have the opportunity, on behalf of my fellow pediatricians and colleagues at the Violence Prevention Initiative at The Children's Hospital of Philadelphia, to speak on the importance of gun violence prevention as a public health issue, amenable to the tools and methods of disease prevention that have made such a difference in so many other areas of child health. I am also in agreement with many of you and those who we are about to hear from that there is an urgency to action. Gun violence unsettles our consciousness time and time again, and it is imperative that we bring our knowledge, our commitment, and our obligation to the children we serve to bear as we confront the challenge.

First, let's define the challenge we face. Each day, approximately 7 children and adolescents die from firearm violence in our country. The trauma centers at Penn at CHOP treated over 1800 children and young adults for gun violence related injuries between 2007-2016, which amounts to
roughly 15 cases per month. Children come in contact with firearms in a number of the locations where they work and play, from the home, where 1/3 of homes with kids are also homes with guns, to their schools and playgrounds.

The principles of public health have successfully faced issues such as car crash fatalities, sudden infant death syndrome, vaccine preventable diseases, and tobacco use. Public health approaches prevention from three angles: primary, secondary, and tertiary prevention. Primary prevention methods are employed universally before diseases or disasters occur; secondary prevention efforts are applied selectively in order to slow progression once a person or neighborhood is identified as at risk, and tertiary prevention is indicated once the problem is already in full force. The most effective public health initiatives are comprehensive, and begin with citizen engagement and focus on safer communities overall.

The approach to violence, particularly gun violence, could be as successful if we stop seeing at it as a political or criminal justice issue. We cannot pretend that firearm violence exists in a vacuum—access to quality education, job training and mental health services are key components of violence prevention, and specifically, primary prevention. Other primary prevention efforts, applied across the board, include policy and legislation. For example, background checks are currently nationally supported by a majority of gun owners, but are only mandatory with federally licensed dealers, which accounts for only 40% of gun sales. These must be universal to be effective. In addition, collaboration with gun dealers to help enforce existing laws can be good for their businesses as well as for our neighborhoods. These are measures we can support before tragedy hits the children we serve. Demonizing groups of
people is not a rational or successful approach – the only true enemy is the problem that we are trying to solve.

Guns are a part of our society, with over 350 million in the nation. We must employ our knowledge of child development to inform our attempts at secondary prevention. For example, we know that approximately 1 in 3 handguns are kept unlocked and loaded, and many parents are alarmed to discover that in at least one study 75% of 1st and 2nd graders knew where the firearms in the home were, in direct contradiction to the parents’ perception. There are many safety mechanisms that are proven, such as trigger locks and lock boxes, and new technologies on the horizon that hold promise to greater increase the safety of firearms in homes with vulnerable children, such as personalized electronic safety mechanisms and Smart Gun technologies. These have been shown in at least one study to have the potential to prevent up to 37% of unintentional gun injuries and to be supported by the public. These are initiatives that can be effective in reducing unintentional injury as well as suicide.

Despite our best efforts, children are exposed to the trauma of gun violence in their homes, schools, and neighborhoods. This trauma, as we know, can be intergenerational and can cause kids to grow up seeing violence as the answer rather than the problem. What can our hospitals and medical centers do to lead by example? First, we can practice trauma informed care to mitigate the far-reaching effects of violence both on the victims and their families and on the members of their society that bear witness. Secondary prevention efforts, such as identifying and addressing bullying in their schools and domestic violence in their homes, can help our children find sanctuary. Research also supports the notion that violence begets more violence—coming to an emergency department
for an assault-related visit puts youth at a 40% higher risk of subsequent firearm injury. Our own research, interviewing teenagers about firearm access reveals that these children see guns as threats to their safety, only worth the risk when the environment they face seems overwhelming and frightening. Tertiary prevention programs that work with young people in the aftermath of these injuries are growing in number and in sophistication, and continue to build strong evidence for their success.

As pediatricians, our work is with those who have most of their lives ahead of them. To usher them into adulthood with healthy bodies and minds, equipped to face the challenges of their society, is our primary objective. Gun violence, like any disease, can be approached with the tools of prevention that have changed the lives of so many children.

Thank you.