DOMESTIC VIOLENCE, GUNS, AND CHILDREN: PUTTING POLICIES INTO ACTION

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Children's Hospital of Philadelphia
Violence Prevention Initiative
A CHOP-wide, evidence-based effort to protect youth from violence, VPI’s trauma-informed programs prevent violence and aggression, support at-risk populations, and help our patients heal by providing the right care to the right children at the right time.

Visit us at: chop.edu/violence
TODAY’S MODERATOR/PRESENTER

Teresa Salinas, LSW
Medical Advocate at Lutheran Settlement House Bilingual Domestic Violence Program
Intimate Partner Violence Specialist at Children's Hospital of Philadelphia’s (CHOP) Violence Prevention Initiative
GOAL FOR TODAY

What can you do to address the intersection of domestic violence, guns, and child abuse in a healthcare setting?
LEARNING OBJECTIVES

1. Understand the mandates of PA Act 79 and where to find information and resources

2. Explain intimate partner violence, the overlap between domestic violence and child abuse, and how this topic can be addressed in a healthcare setting

3. Identify the importance of understanding Act 79 to help protect families
TODAY’S PARTICIPANTS

• Physicians
• Nurses
• Social workers
• Victim advocates
• Psychologists
• Researchers
• Therapists
• Educators
• Counselors
TODAY’S PRESENTERS

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Supervising Criminal Advocacy Attorney at Women Against Abuse

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INTIMATE PARTNER VIOLENCE (IPV)

• A pattern of behaviors to gain or maintain power and control over a partner or ex-partner

• Types of Abuse: physical, sexual, emotional/mental, financial, technological

• Prevalence: 1 in 3 women and 1 in 4 men will experience abuse in their lifetime

• Other language: domestic violence (DV), domestic abuse, relationship/partner abuse

WHAT’S AT THE INTERSECTION?

Exposure to violence

Physical Safety AND Victimization
Screening
Safety planning
Counseling
Legal protections
Policy

Increased risk/lethality

Accidental injury or death

9

CHILDREN

GUNS

DOMESTIC VIOLENCE
CASE EXAMPLE

A mother brings her 3 children to clinic for routine care. When asked about safety in the home, she discloses that her partner has a gun and that there was a recent incident of domestic violence where police responded.

She reports that since things have de-escalated she did not seek a protection from abuse order because she wants her partner to have a place to live and the weapon is securely locked. She said she sometimes feels nervous about the gun in the home and that her partner has never hurt the children or used the gun in any threatening way.
CASE EXAMPLE

A father brings his child with a minor sports injury to the ED. When screened for IPV, he discloses that his wife is verbally abusive to him and that he does not feel safe at home.

He reports that she is very controlling, regularly threatening to leave with their children and sometimes to physically hurt or kill him. The family brought a gun into the home for protection a few years ago when there was a series of home burglaries.
SAFETY PLANNING

• What is safety planning?
  • Primary intervention aimed at increasing safety
  • Survivor-focused and -led
  • Considers all dimensions of safety (physical, emotional, etc.)

• What has worked to keep you and your children safe?

• Offer to connect to resources and ongoing support both within and beyond medical setting
ACT 79: THE BASICS

• Signed into law by Governor Wolf on October 12, 2018
• Went into effect on April 10, 2019
• Amends Protection From Abuse Act, 23 Pa.C.S. §6101
• Amends Uniform Firearms Act, 18 Pa.C.S. §6101
• Effort to align state law to federal law
• First time in 14 years Pennsylvania legislature addressed gun violence
SAFETY PLANNING AND ACT 79

• Assess risk - ask about weapons
• Assess awareness of Act 79
• Provide accessible information and discuss how this new law may affect their options
• Integrate into safety plan
• Note: No one is ever required to file for a protection order or report abuse to police.
DV AND ACT 79: WHAT’S HAPPENING?

New Pa. law aimed to disarm accused domestic abusers within 24 hours. Hundreds in Philly haven’t turned in guns.

by Claudia Vargas, Updated: December 6, 2019
ACT 79

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FIREARMS AND DOMESTIC VIOLENCE IN PA

VICTIM DEATHS BY FIREARM:
Firearms Top Method of Killing for a Decade

AT LEAST 49% KILLED BY A FIREARM EACH YEAR.

Source: 2018 PCADV Fatality Report
ACT 79: PROTECTION FROM ABUSE ACT

• Must relinquish within 24 hours of service of a temporary order or the entry of a final order

• Significant change regarding firearms:
  • No longer relinquish firearms to third party friends or family members
ACT 79: PROTECTION FROM ABUSE ACT

Must relinquish firearm to:

- “Appropriate law enforcement agency”: includes local and state police and sheriffs
- “Commercial armory”: For-profit entity licensed to possess and secure firearms of 3rd persons
- May relinquish to their attorney
- Must acknowledge that 3rd party is not family or household member
DOMESTIC VIOLENCE FIREARM PROHIBITIONS

• Temporary Weapon Relinquishment “Attachment A”
  • 23 PA C.S. § 6107: Judge has discretion to order the Defendant to relinquish ALL firearms and to prohibit Defendant from acquiring or possessing any firearm for the duration of the temporary order.

• UPDATE to PFA Act 23 PA C.S. § 6108(A)(7)(A.1):
  • (1) Final order after a hearing MUST order that Defendant is subject to the firearms and weapons prohibition relinquishment provision under (A)(7).
  • (2) Final agreement MAY order that Defendant is subject to the firearms and weapons prohibition relinquishment provision under (A)(7).
POTENTIAL IMPACT OF ACT 79: 2017 FINAL PFA NUMBERS

- States that restrict access to guns by abusers subject to domestic violence restraining orders have seen a 13% reduction in firearm intimate partner homicides.

- In Pennsylvania:
  - 6,383 Final Orders after hearing
  - 7,168 Final Orders by agreement

- In Philadelphia:
  - 1,072 Final Orders after hearing
  - 1,105 Final Orders by agreement
ACT 79: PENNSYLVANIA CRIMES CODE

- 18 Pa.C.S. §6105.2(b)(1) If Defendant is convicted of a misdemeanor crime of DV, Defendant must relinquish firearm to law enforcement agency or licensed dealer within 24 hours of conviction.

- May have longer if “good cause shown”

- Previously, Defendants had to turn over firearms within “reasonable period of time not to exceed 60-days”
ACT 79: IMPLEMENTATION + GAPS

- In PA, State Police must post and notify all law enforcement of relinquishment order on a computer system (PFAD).
- The responsibility is on county law enforcement to implement confiscation.
- Nothing in Act 79 prevents abuser from subverting a background check for long guns by engaging in a private sale.
- PA is not alone when it comes to gaps in implementation of requiring partners to relinquish their firearms.
  - 16 other states have laws similar to PA that require all subjects of protection from abuse orders to relinquish their firearms.
    - AL, CA, CT, DE, FL, IA, LA, ME, MD, MA, MN, NH, NJ, OR, RI, TX.
  - Other states do not require relinquishment, make it optional, or make it required for some circumstances.
Firearm Relinquishment by County

Since April, Philadelphia judges have ordered people accused of domestic violence to turn in firearms in 930 cases, among the most in the state.

All figures are as of Oct. 15.

Click on the map for more information.

Firearm relinquishment (temporary and final)

- Less than 100
- 101 to 300
- 301 to 400
- 401 to 600
- 601 to 999
- Over 1,000

SOURCE: Pennsylvania State Police; Jefferson County data not reported  DOMINIQUE DeMOE / Staff Artist
Philadelphia’s Low Weapons Recovery Rate

The city recovers weapons only once every nine times a judge has ordered a defendant accused of domestic abuse to disarm, a record far worse than in surrounding counties.

All figures are from Apr. 10 to Nov. 22.

<table>
<thead>
<tr>
<th>County</th>
<th>Relinquishment ordered</th>
<th>Defendant complied</th>
<th>Rate of weapons recovery</th>
</tr>
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<tbody>
<tr>
<td>Philadelphia</td>
<td>574</td>
<td>62</td>
<td>11%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>139</td>
<td>60</td>
<td>43%</td>
</tr>
<tr>
<td>Chester</td>
<td>50</td>
<td>25</td>
<td>50%</td>
</tr>
<tr>
<td>Bucks</td>
<td>52</td>
<td>27</td>
<td>52%</td>
</tr>
<tr>
<td>Delaware</td>
<td>106</td>
<td>66</td>
<td>62%</td>
</tr>
</tbody>
</table>

Table: DOMINIQUE DeMOE / Staff Artist • Source: Pennsylvania State Police
CHILD WELFARE, DOMESTIC VIOLENCE, AND THE ROLE OF CLINICIANS

Joanne Wood, MD, MSHP
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DOMESTIC VIOLENCE AND CHILD ABUSE

Co-Occurrence

• In an estimated **30 to 60 percent** of the families where domestic violence is identified, some form of co-occurring child maltreatment is also present

• **65 percent** of adults that abuse their partner also physically and/or sexually abuse their children

• Perpetrators of domestic violence may:
  • Utilize harsh, rejecting, or inadequate parenting techniques
  • Try to undermine survivors’ relationships with their children


DV AND IMPAIRED PARENTING

Potential effects of DV on survivors who parent:

• Lower confidence and capacity to meet their children’s needs

• Poor mental health and low self-esteem

• Emotional distance and difficulty maintaining attachment with children

• Increased use of authoritarian parenting techniques

• Impaired ability to maintain authority and discipline

→ Can lead to increased antisocial behavior in youth

WITNESSING DOMESTIC VIOLENCE

Even in the absence of child abuse, children who witness domestic violence are:

• 40 percent more likely to have **behavioral problems** than children not exposed to IPV

• (For boys) Twice as likely to abuse their own partners and children when they become adults

• At increased risk of many **adverse long-term health outcomes**

→ Witnessing domestic violence is considered an Adverse Childhood Experience (ACE)

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Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs), April 2019.
Early Adversity has Lasting Impacts
Firearms can be particularly deadly:

- More likely to result in death than other weapons or bodily force
- Women are at increased risk of homicide when a gun is kept in the home
- **5x higher risk** that a male batterer will kill his female intimate partner when he has access to a firearm
- Intimate partners in the US are more likely to die from firearms than **all other means combined**
- Homicide risk is highest after a severe violent event, or during and after separation or stalking
PRESENCE OF A FIREARM: DOMESTIC VIOLENCE

In DV situations, the harms of a firearm can go beyond homicide:

• Can lead to increased **coercion and fear**

• Survivors describe harms caused by the mere **presence** of a firearm and **non-fatal uses** of guns

• Women who have left abusive partners frequently report stalking and receiving **gun threats**

“I was talking to my husband on the phone . . . he said he had a pistol. And he was going to use it on me and every one of my friends.”

“I was afraid to go to sleep . . . that he’s going to kill you in your sleep. You’re afraid to have any type of confrontation because you know where the gun is.”

“If you’ve got a gun pointed to you and he’s telling you you’re going to do this or else, chances are you’re going to do it. And he knows that.”

Domestic Violence Survivors (Lynch 2015)


GUNS HAVE DIVERSE USES IN IPV

Sorenson 2017

• Review of police forms completed at scene of IPV incidents in Philadelphia

• In one third of gun-involved incidents, the gun was not physically present

• Guns were most often (69.1%) used to threaten

• When guns were used, IPV victims were less likely to have visible physical injuries but more likely to be afraid

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PRESENCE OF A FIREARM: EFFECT ON YOUTH

Presence and non-fatal use of firearms on youth is understudied:

• We know that indirect exposure to gun violence in community settings causes significant distress for youth

• Some research shows a link between presence of a gun in the home and depression among adolescent females

• More research is needed into how firearms affect youth beyond physical injury


FIREARM DANGERS TO YOUTH

- Gun violence is the **second leading cause of death** for children and adolescents

- Physical injury and death can result from accidental shootings, suicide, and homicide

- **4.6 million** U.S. children live in a household with at least one loaded, unlocked gun

- Most children in gun-owning households know where their parents store the gun, with more than one-third reporting previously handling the gun

- Firearms in the home may cause additional harms (psychological, behavioral...) that are poorly studied
WHY PEDIATRICIANS SHOULD ASK ABOUT GUNS

1) Many parents are misinformed
   • Almost **40% of parents** wrongly believe their children don’t know where guns are stored
   • **22% of parents** wrongly believe their children have never handled household guns
   • Parents may believe that teaching gun safety will protect children, but even well-designed gun safety programs have **rarely been effective**

WHY PEDIATRICIANS SHOULD ASK ABOUT GUNS

2) Most parents are open to guidance

• Most parents (including gun owners) believe that pediatricians should ask about firearms

• Parents who owned guns were more likely to be offended by (or ignore) advice saying that guns should be removed altogether

• However, nearly half of gun owners would still think about removing guns from the home if a pediatrician suggested it

• Most parents were open to discussions about safe storage

• Many would welcome guidance on how to talk about guns with their children and other parents

WHY PEDIATRICIANS SHOULD ASK ABOUT GUNS

3) Clinical advice can make a difference

- **Safe storage**: households with locked firearms and separate locked ammunition have an **85% lower risk** of unintentional injury and a **78% lower risk** of self-inflicted firearm injury

- **Families of children with a mental health concern** who were counseled by ED physicians or mental health professionals to restrict access to guns were more likely to do so

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**Source:**

Parikh K, Silver A, Patel SJ, Iqbal SF, Goyal M. Pediatric Firearm-Related Injuries in the United States. *Hospital Pediatrics* June 2017, 7 (6) 303-312

Pediatricians are already encouraged to ask about the presence of firearms in the home

- The American Academy of Pediatrics (AAP) strongly recommends that physicians screen for firearms and provide advice on safe storage

However, the majority do not discuss guns with families

- Politically charged issue, fear of offending parents
- Insufficient training on the topic leads to low confidence
- Limited knowledge of safe storage practices
- Some states have attempted to pass restrictions on what physicians can ask
The CHOP Emergency Department is launching a pilot study that will give parents:

- Education on how to keep kids safe from guns at home
- Advice on how to talk to other adults about storing guns safely in their homes when your children go over to play or visit
- Free cable locks to keep guns locked for those around guns at home

Partner:
Philadelphia Police Department
SCREENING & COMMUNICATION
IN CLINICAL PRACTICE

• Incorporate repeated screening for IPV into practice.

• Remain alert for clinical presentations suggestive of IPV but remember that most of the time here are no overt signs.

• Screen caregivers/patient in a confidential space.

• Do not discuss IPV in front of children ≥ 2 years.

• Utilize a validated IPV self-assessment tool, when possible.
RESPONDING TO A POSITIVE IPV SCREEN OR DISCLOSURE

Evaluate:
• Safety planning needs
• Interest in referral to an IPV specialist or other supports

Offer IPV guidance and resources:
• CHOP Social work, CHOP IPV Specialist counselor (Monday - Friday, 9 a.m.-5 p.m.)

Provide other resource information within the context of Safety Planning:
• Philadelphia Domestic Violence Hotline at 1-866-723-3014
• National Domestic Violence Hotline at 1-800-799-SAFE (7233)
• Safe Place Resource List (.ipvscreen in Epic)
• https://www.chop.edu/centers-programs/safe-place-center-child-protection-and-health/health-resources

Assess:
• Additional safety concerns including child maltreatment
PA ACT 79

By limiting firearm access for perpetrators of IPV, Act 79 may:

• Help protect IPV survivors from homicide

• Help reduce fear and stress among IPV survivors who have left their partners

By adopting this stronger legislation, Pennsylvania may:

• Help contribute to the evidence base on what policies are most effective for reducing harms from firearms in situations of domestic violence
NEXT STEPS

Research
Conduct further study into the effects of non-fatal gun use and presence in homes, particularly with regard to outcomes for children.

Act 79
Monitor outcomes and ensure enforcement so that families are protected as intended.

Clinical Practice
Continue to encourage clinicians to ask about the presence of firearms in homes:
- Encourage more training for pediatricians on the topic of household guns and IPV.
- Encourage other clinicians (ex. school nurses) to be involved.
- Keep clinicians informed of state laws related to communication with families about firearms and IPV.

Children's Hospital of Philadelphia
Violence Prevention Initiative
RESOURCES

• PCADV Act 79 Fact Sheet (PDF)
• PCADV Domestic Violence Firearms Prohibitions (PDF)
• Gun Safety Tips from CHOP Experts (PDF)
• ipvhealth.org
• ceasefirepa.org
• VPI Webinars:
  • Intimate Partner Violence and Pediatrics
    May 10, 2017
    Presenters: Rachel Myers, PhD; Ashlee Murray, MD, MPH; Marcella Slick, MSW, LSW; India Azzinaro, BSW
  • Counseling Families on Gun Safety in the Home
    September 10, 2015
    Presenters: Joel Fein, MD, MPH; Michael Nance, MD, FACS, FAAP; Mary Fabio, MD, FAAP
RESOURCES


• Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs), April 2019.


THANKS!

Please take a few minutes to complete the survey after the webinar closes!

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