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The Children's Hospital of Philadelphia testimony:

Regarding Resolution 160081 - authorizing the Philadelphia City Council Committee on Public Safety to hold hearings regarding the establishment of a comprehensive strategy for reducing and eliminating youth gun violence.

Testimony prepared by:

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and

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**Philadelphia City Council
Committee on Public Safety**

**Philadelphia City Hall, Room 400
Philadelphia, PA 19107
Monday, March 28, 2016, at 10:00 a.m.**

My name is Joel Fein, and I am an attending physician in the Department of Emergency Medicine at The Children's Hospital of Philadelphia (or "CHOP") and Professor of Pediatrics and Emergency Medicine at the University of Pennsylvania Perelman School of Medicine. I am also co-director of CHOP's Violence Prevention Initiative and co-director of the National Network of Hospital Based Violence Intervention Programs. I am presenting today on behalf of myself and Dr. Ruth Abaya, attending physician in the Emergency Department at CHOP and lead researcher on a youth gun violence research study completed at CHOP.

We want to thank the Philadelphia City Council Committee on Public Safety for your leadership in highlighting the troubling issue of youth gun violence in Philadelphia and the entire Philadelphia City Council for supporting Councilman Kenyatta Johnson's resolution proposing to create a Commission on Youth Gun Violence. Youth violence, including violence involving guns, is a public health problem that is impacting the health and wellness of an increasing number of children and families in Philadelphia. In CHOP's Emergency Department, clinicians have seen an increasing number of youth injured through violence, with numbers rising from 308 in 2013 to 480 in 2015. Children from as young as 12 years old have bullet wounds from intentional peer to peer violence; even children as young as 2 years old have unfortunate injuries involving a firearm. Approximately one out of every dozen adolescents who visit the Emergency Department, for whatever reason, have considered suicide, and unfortunately these youth with access to a firearm are much more successful in hurting or killing themselves. Research also tells us that children exposed to such trauma and stress early in life go on to have poor health outcomes later in life, never realizing their full potential. This is what makes violence not just a social justice issue, but a true health issue that obligates our medical facilities to play a large part in ameliorating the incidence and impact of violence.

In 2006, our doctors, nurses and other emergency department staff cared for the young girls injured in the Amish school shooting in the West Nickel Mines School in Lancaster County. The gunman shot eight girls

ranging in age from 6 to 13, killing five of them. This highly publicized incident no doubt traumatized that community and shocked our nation. Shouldn't our nation be similarly shocked at the gun violence affecting the children and their families every single day in Philadelphia's neighborhoods? We cannot and must not consider this part of our urban landscape – or we risk raising another entire generation of youth who are caught in this vicious circle of violence and trauma.

Rather than just being horrified witnesses to the carnage of violence in our city, Philadelphia's health care community has played, and will continue to play, an undeniable role in reducing its incidence and impact. Each and every healthcare provider can participate in this effort; from primary care and emergency nurses and physicians, to trauma specialists and health care researchers. CHOP has recognized this obligation and for decades has been creating programs that assist Philadelphia area children and families impacted by violence, most recently organized into the CHOP Violence Prevention Initiative, which I co-lead with Dr. Stephen Leff. The Violence Prevention Initiative, recognized nationally by the American Hospital Association, applies a public health approach, intervening at multiple touchpoints in children's lives, creating and implementing programs in CHOP facilities and throughout our community to prevent school bullying, domestic violence, and peer youth violence. This initiative seeks to provide the right care at the right time and in the right location. It gives CHOP an opportunity to partner with other organizations with similar goals, and provides much needed continuity between our hospital, our schools and our local community.

We know that healthcare providers, particularly those who care for children, play a key role in identifying and treating those patients who experience injury-related post-traumatic stress. Understanding that even our own medical treatment of these children can cause even greater trauma, we have trained more than 1,000 frontline CHOP staff to practice "trauma-informed care," to minimize potentially traumatic aspects of treatment and recognize how prior life events and stressors play into the child's and parent's interpretations and responses to our treatment.

However, it is not enough just to try out what we *think* would work against this insidious disease; our academic institutions need to do the important research that uncovers the “why” before we establish the “how” of violence prevention. In one such research project performed by our team at CHOP and led by Dr. Ruth Abaya, we wanted to learn firsthand why teenagers in Philadelphia might access a gun. As part of our standard care, teenagers who are seen in our Emergency Department are already asked to complete a standard, web-based computerized behavioral health screen, answering questions about depression, suicide, violence, post-traumatic stress and substance use. When a teenager gave a positive response to the question, “could you obtain a gun within one day?” we asked him or her to participate in a one-on-one interview to learn more about what that meant to them. This was a small research project, but one that gets to the heart of what we may need to do to keep our children safe from gun violence. So what are the lessons that we gathered from our youth?

We learned that teenagers in Philadelphia who have access to firearms are motivated to use them primarily for protection, due to a fear of the threat of harm to themselves or their families. Some youth were more specifically concerned about “threats to my mother, my sister or my grandmother” and that they would use a gun “only if somebody close to me was in life or death situations, like if something were ever to happen to my mom...”

Youth respondents also listed retaliation as a motivation for accessing a firearm, with one youth stating, “sometimes in that situation, you feel a lot of anger or you just feel like something can be resolved if you just had it...” The majority of them said that it would be quite easy to obtain a firearm, with one youth stating “I have friends that have access to their guns and I could just call them.” A few of the youths stated that “guns are everywhere” and they know of family members that have them as well.

In light of these insights, our efforts may be best focused on reducing situations where youth feel that they need to arm themselves for protection. Once a teenager feels that he or she needs a gun, there are few

things that could convince them otherwise. One respondent told us, “It’s a mindset. If you have that on your mind that you need a gun, you’ll go beyond everything to get a gun—beyond what anybody says...”

Gun carrying is often a choice that may appear to the youth to be the only choice. One very poignant comment that we heard from a teenage boy was, “I don’t want a gun - but the world is just so crazy right now.” They know, intuitively, that having a gun means that you have crossed a certain line from which they may not return. One youth said, “When you pull a gun out on somebody, then you started something, and you got to walk around with a gun all the time.”

So what could keep a child from accessing a weapon? We start with the wisdom of some teenagers who stated that, even though they *could* easily access a gun, they would choose not to. The kids with whom we spoke know firsthand the devastation that guns can reap; one child even reported discharging his weapon at a tree; upon seeing the extensive damage done to that tree, he stated, “I can’t do that to somebody.” They have experienced, palpably and personally, the harm done to families, to parents who threaten each other with weapons, and to their neighbors in fights that ended badly. In many cases, these fights involve people who felt angry, frustrated and powerless unless they used the gun. Despite their knowledge of the danger of firearms, children know that they live in a violent world and they struggle to find safe ways to navigate their environment.

What these kids are telling us is that our efforts need to provide them with ways of dealing with this anger and frustration, and most importantly give them the power *and* confidence to change their situations, and their world, without using violence. In addition, we have to recognize the important role of family and close friends in helping children make the choice not to access guns. Teenagers in our study were concerned about how family members would feel if they got hurt or killed, or even incarcerated, because they obtained a weapon. Some of them also worried about what could possibly happen to other family members, especially younger siblings, if there was an accessible gun around. One youth said: “If I hold it in my hand...I’m gonna

think about what's gonna happen to my family, what's gonna happen to my future... what's gonna happen when I'm gone..."

CHOP has been working to change the landscape of violence in Philadelphia through programming specially designed for assault-injured children. Our Violence Intervention Program (VIP) is similar to the Healing Hurt People Program at Drexel, the important work of which you will hear from my colleague Ted Corbin. The CHOP VIP has been refined for our youngest Philadelphians - children and adolescents who come to the CHOP emergency department after a violent injury. Because we know that these assault-injured youth are at very highest risk for future violence and poor outcomes, the CHOP Violence Intervention Program has specially trained clinicians and staff members who see approximately fifty assault-injured children each year. Our specialists help these youth and their families navigate school support, the justice system, and medical follow up. Almost all of these children require some sort of mental or behavioral health services, and CHOP's VIP specialists can provide direct therapy to prevent Post Traumatic Stress Disorder (PTSD).

The most important priority for any parent is the health and safety of their children. Exposure to violence, in many cases, is the most significant threat to both health and safety for many young Philadelphians, and it needs to be addressed directly, and with as much vigor, as any other public health issue. This is why I am grateful to have been invited to represent The Children's Hospital of Philadelphia and share our research and information on youth violence prevention. We, at CHOP, look forward to continuing to participate in this dialogue and to being an active part of the solution to keep children safe and out of our emergency department and trauma unit. Please consider us a resource, and partner, in your work on gun violence prevention. Thank you.