

Senators Muth and Cappelletti, Kane, Street, & Williams, thank you for having me here today.

When someone is shot their whole life changes. They deal with physical, mental, and emotional impacts that can last the rest of their lives, and the impacts don't stop there. Family and friends are also devastated-- whether by the risk of mortality or the fact of a murder, they are never the same. Ripple effects continue through the health system and hospital staff who treat the victim and engage their families, the neighborhoods and municipalities where the shooting takes place and where the victim lives, and the first responders and investigators who respond to the scene.

We see this far too often. Recently, we were called by a family member to respond to a shooting because we have a hospital-based program. On arrival, we saw survivors in the Emergency Room who were on opposing sides of a shootout and family members from each side in the parking lot. Our team provided support inside the hospital to ensure safety-- listening to the stories of the victims, de-escalating heightened emotions, and addressing potential barriers to safety. We supported safe discharge by having parties leave through different doors to avoid confrontation, then the team went into the parking lot to check the temperature of family and friends waiting, should there be a need for mediation or support.

Following the event, they began to strategize around retaliation risk in realtime and in the short-term future. Recognizing where emotions were too high for outreach or engagement, they built rapport, checking in around needs and providing balance between hospital staff, police, and families. Finally, they checked into neighborhood networks to get a sense of the potential for wider retaliation and are now focused on determining safe, effective routes to broker peace before what was an interpersonal conflict becomes part of a neighborhood dispute.

This work requires skill, tenacity, patience, and love for community health and wellbeing. It requires a willingness to put aside their own trauma reminders to center the people currently experiencing the anxiety, fear, anger, and pain of a shooting. Every day our team runs the risk of seeing a loved one wheeled in on a stretcher or having to support their own family through the trauma again. They give of their time during regular working hours, evenings, nights, and weekends. Frontline and community-based workers are an integral part of preventing and interrupting cycles of gun violence. Their lived experiences, connections, relationships, and ability to advocate are key parts of sustainable strategies for peace.

The City of Chester in Delaware County has long been affected by gun violence. The murder rate for young men 15-34 from 2016-2020 averaged 333/100,000¹; higher than the average hostile death rate for combat troops in Iraq and Afghanistan (315/100,000).² Violence is contagious, witnessing or experiencing a shooting increases the likelihood that someone will be involved in future violence.³ Without intervention, up to 45% of people with a stab or gunshot wound will be reinjured within 5 years, and 20% will be killed.⁴

We work to prevent that-- peers with lived experience help the client think about what a different life might look like, case managers help with housing and safe discharge, and therapists support them in creating a new sense of future and possibility, while developing coping skills to manage their trauma. We loop in other resources through referrals, but often our resources and the resources of our community partners are strained and we have difficulty meeting the needs of these clients.

Our hospital-based violence intervention program (HVIP) has served 63 individuals since starting in 2020, including 36 survivors this past year. HVIP clients were primarily male (92%), African-American /Black (85%), and between ages 25-34 (77%). We performed two mediations to prevent retaliatory shootings, connected 31% to housing, 21% to financial support or job opportunities, and assisted 17% with securing food. Please consider that these are some of the true risk factors for gun violence-- being homeless, unskilled and hungry, while others are depending on you.

Ending this violence is critical. Gun homicide is the leading cause of death for children and youth in the US as of 2020.⁵ Pennsylvania has the 19th highest rate of gun homicides and gun assaults in the country.⁶ Gun deaths and injuries cost Pennsylvania \$12 billion annually, of which \$567 million is paid by taxpayers.⁷

Violence is not randomly distributed. The same social factors, like education, income and wealth, housing and food insecurity, are strongly linked to violence.⁸

¹ Fran Stier's calculation from 2016-2020 seriatim data

² Healing Communities in Crisis: Lifesaving Solutions to the Urban Gun Violence Epidemic. 2016. Law Center to Prevent Gun Violence and PICO National Network p 11.

³ Bingenheimer, J, Brennan, R, and Felton, J. Firearm Violence Exposure and Serious Violent Behavior. Science vol 308: pp 1323-1326. 2005.

⁴ Rich, John A, Wrong Place Wrong Time: Trauma and Violence in the lives of young black men. John Hopkins Press. 2009, p xi.

⁵ Jason Goldstick, Rebecca M. Cunningham, Patrick M. Carter, *Current Causes of Death in Children and Adolescents in the United States*, N Engl J Med 2022; 386:1955-1956

⁶ <https://everystat.org/wp-content/uploads/2021/02/Gun-Violence-in-Pennsylvania-2.9.2021.pdf>

⁷ Cost of gun violence: Ted R. Miller, analysis of CDC fatal injury: 2018 and HCUP nonfatal injury: 2017.

⁸ Ibid

At Chester Community Coalition we utilize the Spectrum of Prevention to organize our work. It is an evidence-based model that takes a comprehensive approach to solve public health problems. There are seven components and we are actively engaged in each part:

1. Strengthening individual knowledge and skills: We provide individual and group therapy to manage the impact of trauma, case management, and a Hospital-linked Program
2. Promoting community education: We provide free Mental Health First Aid (MHFA) trainings for youth, adults and teens
3. Educating providers: Through trainings centered on recognizing vicarious trauma in self as well as providing trauma-informed care to clients
4. Fostering coalitions and networks: We support community networks and have created a local gun violence prevention Coalition to build community capacity for violence prevention and strengthen the collective impact of our individual organization prevention efforts.
5. Changing organizational practices: We work to be trauma-informed for our clients and our staff; we also focus on hiring residents of Chester and survivors of gun violence
6. Influencing policy and legislation: More recently we are learning from CeaseFirePA about advocacy and are partnering with Crime Survivors for Safety and Justice, which is an advocacy network led by survivors.
7. Increase access to quality healthcare: All of the services we provide are free of cost

To continue our work we need :

1. Funding for community-based violence interventions: to staff, administer, and evaluate our efficacy
2. Funding for survivor supports, like behavioral treatment, emergency housing and relocation
3. Research funding to better understand gun violence and its impact
4. School-based mental health supports to identify and provide resources to youth at risk for gun violence
5. Investment in community to build businesses and counter economic disadvantage

Chester is a very resilient community, with a strong sense of “Chester Pride.” We build on that sense of history, connectedness and determination to end gun violence. Because we believe gun violence can be solved. Working together, following

evidence-based best practices and letting survivors/our community lead can bring success.

Thank you for your attention.