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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: The Public Health Epidemic of Gun Violence

University of Pittsburgh – Pittsburgh, PA

September 13, 2019

AGENDA

10:00 a.m. Welcome and Opening Remarks

10:10 a.m. Panel One:

- Dr. John Rozel, Medical Director of Resolve Crisis Services, and President American Association for Emergency Psychiatry
- Dr. Raquel Forsythe, Director of Trauma, UPMC Presbyterian
- Dr. Deborah Moss, Pediatrician and President of the PA Chapter of American Academy of Pediatrics

10:40 a.m. *Questions & Answers*

11:10 a.m. Panel Two:

- Dr. Heath Johnson, Crime Analysis Coordinator, Pittsburgh Bureau of Police
- Ross Watson, Violence Prevention Program Manager, Allegheny County Health Department

11:20 a.m. *Questions & Answers*

11:40 a.m. Panel Three:

- Councilperson Erika Strassburger, District 8, Pittsburgh City Council
- Lee Davis, Life Coach and Violence Interrupter, University of Pittsburgh Graduate School of Public Health – Violence Prevention Initiative
- Nicole Molinaro, President/CEO, Women's Center & Shelter of Greater Pittsburgh

12:10 p.m. *Questions & Answers*

12:30 p.m. Closing Remarks

Panel 1: Medical Professionals

Dr. John Rozel, MD, MSL

Dr. John Rozel is currently the Medical Director of re:Solve Crisis Services, Services for Adolescent and Family Enrichment, and Services Aimed at Fire Education and Treatment for Youth. He is an Associate Professor of Psychiatry and Adjunct Professor of Law at the University of Pittsburgh and President elect of the American Association for Emergency Psychiatry. Dr. Rozel completed his MD at Brown University School of Medicine and his residency and fellowship at Western Psychiatric Institute and Clinic of UPMC in Child and Adolescent Psychiatry and Forensic Psychiatry, respectively. His research and educational interests involve understanding and preventing firearm injury and violence, while his clinical work focuses on emergency and forensic psychiatry.

Dr. Raquel Forsythe, MD

Dr. Forsythe is an Assistant Professor of Surgery and Critical Care Medicine at the University of Pittsburgh and Director of Trauma and Medical Director of eRecord at UPMC Presbyterian. She is also the Associate Program Director of General Surgery Residency and Director of Education for Trauma Surgery. She received her MD from State University of New York and completed her General Surgery Residency at the New Jersey Medical School and a Trauma and Surgical Care Critical Fellowship at University of Tennessee Regional Medical Center. Dr. Forsythe completed the Physical Leadership Certificate Program through UPMC Physician Services and the University of Pittsburgh Katz Graduate School of Business.

Dr. Deborah Moss, MD, MPH, FAAP

Deborah Moss is a pediatrician with extensive experience designing and evaluating interventions to improve the quality of care for underserved populations. As faculty in the Division of General Academic Pediatrics at Children's Hospital of Pittsburgh of UPMC for the past 20 years, she has focused on improving pediatric care through leadership in education, translation of evidence into practice, and training of pediatric providers. A consistent theme connecting her academic endeavors is the emphasis on addressing gaps in care and outcomes of common pediatric conditions, particularly those with intergenerational, public health implications. In her more recent role as pediatric consultant to UPMC Health Plan, she has used this experience to provide clinical guidance to help design pediatric care management and payment reform programs directed at improving health outcomes for CHIP- and Medicaid-enrolled members.

Dr. Moss is a graduate of Northwestern University Medical School, completed her pediatric residency at the Children's Hospital of UPMC and her master's degree in public health at the University of Pittsburgh Graduate School of Public Health. She is an active member of the American Academy of Pediatrics, the Academic Pediatric Association, is the current Chapter President of Pennsylvania's American Academy of Pediatrics.

Panel 2: Gun Violence Data

Dr. Heath Johnson, PhD, MSW

Dr. Heath C. Johnson heads the Crime Analysis Unit of the Pittsburgh Bureau of Police. He received his PhD and MSW degrees from the University of Pittsburgh, with a focus in community organizing, non-profit administration, and community-based research. He received his Bachelors' degree Duquesne University. Prior to his role at the Pittsburgh Bureau of Police, Dr. Johnson has held positions as a mobile therapist for children on the Autism Spectrum, a researcher with youth in Residential Treatment Facilities, an adjunct professor, and Legislative Aide to a Pennsylvania congressman. Heath has served on the Board of Directors at Community Human Services since 2011. He lives with his family in Pittsburgh's Mt. Washington neighborhood.

Ross Watson, MS

An alumnus of Central Catholic High School, Watson received his Bachelor of Arts Degree in Criminal Justice and Sociology from Thiel College. Following his undergraduate studies, he furthered his education, earning a Master of Science Degree in Forensic Psychology from Walden University. Over the span of 10 years, he has gained experience working in several environments as a Program Manager—in community-based settings, and in skilled nursing facilities. He has also worked in crisis intervention services and is certified in ASIST (Applied Suicide Intervention Skills Training).

Ross is a Wilkinsburg native, and he mentors boys and girls from Wilkinsburg, through coaching elementary and middle school basketball. Additionally, Ross serves on Classic Events' Youthpreneur Advisory Board—an organization that provides a platform for at-risk youths who aspire to become entrepreneurs.

Panel 3: In the Community

Councilperson Erika Strassburger (District 8)

Erika Strassburger is a Member of Pittsburgh City Council, representing the city's Oakland, Point Breeze, Shadyside, and Squirrel Hill neighborhoods. She was the first woman elected to this seat. Previously, Erika served as Chief of Staff for the district for four years under former-Councilman Dan Gilman. Prior to that, Councilperson Strassburger worked for nearly a decade in environmental advocacy.

Councilperson Strassburger serves on the board of Carnegie Library of Pittsburgh, Pittsburgh Parking Authority, Conservation Consultants Inc. (CCI), and the PennEnvironment Research & Policy Center. She previously served on the boards of the Squirrel Hill Urban Coalition and Uncover Squirrel Hill. She also spends time serving as a Running Mentor for PUMPed to Run, a running and walking group composed of residents of local homeless shelters. Councilperson Strassburger graduated with honors from Bucknell

University with a degree in Environmental Studies and a minor in International Relations. She and her husband live in Squirrel Hill with their son Evan.

Lee Davis

Lee Davis is an entrepreneur, organizer, youth mentor, and advocate who has created and advised multiple entities. He is the President of SLG Sports & Entertainment LLC., CEO of Lee Davis & Associates Consulting LLC., and co-owner of a workforce development initiative known as "A Hand Up" LLC. Mr. Davis also serves on the Woodland Hills School District's Commission on Youth Affairs and is an advisor to The Carnegie Library of Braddock, The KidNation Foundation, Greater Valley Community Services. Additionally, he serves on the board for the transitional living house Homewood Homes and the Allegheny County Homicide Review Team.

A native of Braddock, PA, Lee Davis is a proud member of BME Pittsburgh, American legion Post #527. He attended West Virginia & Waynesburg Universities.

Nicole Molinaro, MA

Nicole Molinaro has been involved with Women's Center & Shelter of Greater Pittsburgh for over 20 years. After 12 years of working and volunteering for WC&S, she was proud to be promoted to President/CEO in August 2018. Prior, she served as Chief Program Officer, Director of Development, and Training Center Manager. Nicole also served as the Executive Director for Communities In Schools of Pittsburgh-Allegheny County for seven years and as VP for Development and Communications for Adagio Health for three years. She earned her Master of Arts in Psychology from Duquesne University, and is an alumna of Leadership Pittsburgh, the Harvard Graduate School of Business's program on Strategic Perspectives in Nonprofit Management, and Coro's Leaders in Learning program. Nicole has been honored as a "40 Under 40" young leader and received the Islamic Center's Humanity Day Award as well as NAWBO's "Make the Connection" Award. She was a founding Advisory Board member of the Greater Pittsburgh Nonprofit Partnership and Girls Going Places, serves on several community advisory committees, and volunteers in the community. Her daughter, Mackenna, is a spunky, smart five-year-old who loves crafting, playing, and social justice rallies.

Richard Garland, MSW

Richard Garland graduated from the University of Pittsburgh a year after being released from the Western Penitentiary in the 1990's. He completed his Master's Degree in Social work with a specialization in Community Organization in 1996. Today, Garland is the Director of the Center for Health Equity's Violence Prevention Initiative and Assistant Professor of Behavioral and Community Health Sciences at the University of Pittsburgh. He oversees the Center's training, data collection and outreach efforts aimed at reducing crime and violence. In conducting hospital-based interventions where gunshot wound victims in four major trauma units receive counseling and case management, the aim is to reduce emergency department recidivism— preventing further involvement with crime and violence.

Democratic Policy Committee Hearing on a Public Health Approach to the Firearm Epidemic
John S. Rozel, MD, MSL, FAPA
September 13, 2019

Introduction

I am pleased to have this opportunity to speak with you about firearm injury prevention as a public health issue. I am an Associate Professor of Psychiatry, an Adjunct Professor of Law, and a member of the Center for Bioethics and Healthcare Law at the University of Pittsburgh. I am the President of the American Association for Emergency Psychiatry and violence and firearm injury prevention has been a central focus of my academic career. I am board certified in general, child and forensic psychiatry.

For full disclosure, while I neither donate to nor receive funds from firearm issue advocacy groups, I consult and train on violence and firearm injury prevention for a variety of organizations, including a firearms dealer.

My clinical role is as medical director of resolve Crisis Services of UPMC Western Psychiatric Hospital. We provide community based emergency and crisis behavioral health services for Allegheny County. Our team of 125 professionals deliver more than 100,000 services yearly. Throughout my nine years as medical director of resolve and throughout my 29 years of work in emergency mental health, I have seen the risks of firearm access and the impact of firearm injury and violence at every turn. Suicide by firearm. Accidental shootings of children. Intimate partner violence. Murders and mass shootings. My team and I have been there, caring for the families, communities and first responders, more times than I can count. As a forensic and child psychiatrist, I have worked extensively with justice involved youth, many of whom went on to be perpetrators of firearm violence and many of whom died, victims of gun violence. It should not surprise you then that my academic interests have followed suit: I have saturated myself in the scientific literature of violence and firearm injury prevention for more than a decade.

My colleagues and I have consoled the grieving, supported the survivors, and helped the first responders try to resume their lives, finding their new normal. We have looked into the eyes and heard the stories – and the cries – of mothers and fathers burying their children. We have seen the scars and heard about the nightmares. We have watched families and communities shattered by the quotidian toll of firearm injuries, violence, and suicide across our state. And, yes, we have locked down our hospitals and we have run, hid and fought when we ourselves were targeted. And we have buried our own, because a medical degree carries no immunity from bullet wounds or suicide.

Firearm Deaths in the United States and Pennsylvania

Reassuringly, over the past generation, violent crime and homicides have broadly trended down in the US. However, the US still has a firearm homicide rate 25 times other economically developed countries. Our firearm suicide rate is 10 times higher. More than 83% of all firearm homicides in economically developed countries occurred in the US. More than 91% of women and more than 94% of children and adolescents killed by firearms in these countries were American.(1) And, aside from countries experiencing active war or incursion, we lead the world in mass shootings.(2) Pennsylvania has a

firearm death rate 12% higher than the rest of the US and 12 times – 1200% – higher than other economically developed countries. Firearm injuries are a distinctly American problem.

That said, the US has relatively similar rates of major and minor psychiatric illness and similar use of psychiatric services including inpatient beds. We watch violent movies and play violent video games no differently than other countries. Firearm violence distinguishes us and, reasonably, the issue of firearm access can be considered.

The US has an estimated 393 million firearms in civilian hands. This is more than the next 39 countries combined.(3) In part, this is because we are one of three countries with constitutionally delineated rights related to firearms; the other two are Guatemala and Mexico and their own constitutions create many more barriers to access than our own.(4) There is significant room within the boundaries of the 2d Amendment, DC v Heller and McDonald v Chicago, our own statutory preemption language, and Cruz v Commonwealth to make meaningful public health interventions through legislation: interventions which reduce firearm injuries and protect our civil rights.

Statistically it is worth noting that most firearm deaths in Pennsylvania (and across the country) are due to suicide: about 60%. Firearm homicides account for about 38% of the deaths. Accidental deaths and mass shootings account for about 1% each. While all of these deaths involve firearms, each type of death occupies its own ecology. The best intervention for one type of death may have no impact on other types of deaths. Further, interventions may have collateral impact on other matters, anticipated or not. In shooting, it is said to be sure of your target, what is behind it, and what may be in front of it before you pull the trigger. This seems prudent guidance when we consider public health interventions as well.

Extreme Risk Protection Orders & Prevention

Without question, run-hide-fight, ALICE, or similar training saves lives. Stop the bleed saves lives. And, yes, occasionally, good people with guns save lives (although FBI data suggests this is rare and significantly more events have been stopped by good people without guns).(5) But by the time somebody is running, shooting back, or binding a wound, something terrible has already occurred. As good as these interventions are, they are not enough and will never be enough.

One proposed intervention is Extreme Risk Protective Orders. While I have seen no universally recommended language for ERPOs, there is some useful guidance from an American Psychiatric Association Taskforce.(6) HB1075 seems generally consistent with the recommendations of the APA Taskforce based on my review and is worth passing into law.

ERPO laws are relatively new and there is limited research on their efficacy. It has already been noted that enforcement of the laws varies across and within states for a number of factors including resources and education. There is good evidence that these laws can have significant benefits in reducing firearm suicide.(7,8) There is recently published research that indicates they may be helpful in preventing mass shootings as well.(9) None of this limited research suggests that this is a broad tool to reduce firearm violence or suicide but it may be useful in select cases.

The public safety benefits of ERPOs are promising. Importantly, ERPOs do not modify the civil rights of broad swaths or categories of people: they apply only to specific people whose specific behavior or communications have explicitly reached a threshold of risk. ERPOs are not arbitrary and they are not profiling: they require review and approval by a hearing officer or judge based upon a balancing of evidence in an adversarial hearing where the respondent has legal representation.

Three recent studies, both academic and professional polling, have suggested broad support for ERPO laws ranging from 70-80% amongst gun owners and non gun owners alike.(10–12) I am aware of no successful legal challenges to or reversals of ERPO statutes in the courts.

Some recommendations to consider to strengthen HB1075:

- Allow behavior or conduct greater than 12 months old to be considered a basis for ERPO if the person of concern has been confined for the intervening period (e.g., incarcerated or hospitalized)
- Expressly include stalking and harassment behavior as a basis for seeking an ERPO
- Provide for a specific review process by law enforcement to ascertain access or ownership of firearms and do not rely on the petitioner or family member to know about owned or accessible firearms; not every family member is fully aware of all firearms in possession of the person of concern.
- Add a requirement or option for a property search to identify and remove firearms; not all family members know of all firearms and not all firearms are acquired through legally tracked systems.
- Allow petitions to be made by other responsible adults who have relevant, first hand information, to petition for an ERPO or create clear guidance encouraging law enforcement to act on concerns raised by non family members
- Statutorily permit (but not require) licensed healthcare professionals, county delegates, and crisis workers to petition for ERPOs
- Provide for specific training and education for judges, hearing officers, attorneys and law enforcement involved about violence risk and use and enforcement of ERPOs
- Allocate adequate financial resources for court, legal representation, and law enforcement costs
- Allocate adequate financial resources for educating community members about the process

Preemption Issues

Under §6120(a) of the Firearm Code, counties, municipalities, and townships are prohibited from regulating the lawful ownership, possession, transfer or transportation of firearms. The Ortiz and Schenk decisions upheld this provision. Local municipalities are thus extremely limited in their ability to enact statutes relating to firearm use in the Commonwealth. This has arisen as an issue at least twice recently in Pennsylvania: City of Pittsburgh laws restricting firearm access and Tamaqua School District attempting to arm teachers. There are risks and benefits from repealing the pre-emption language currently in effect which may be best discussed with experts in conflict of laws and state governance. The foreseeable public health risks (including the potential disruption from the near inevitable litigation) do not seem to outweigh the risks related to the known and ongoing issue of limited opportunities for state legislation to address the public health burden of firearm injury.

Conclusion

If we could explain the complexity of firearm injuries in a soundbite, or even this brief testimony, we would have found a palatable solution by now. No proposed, practical intervention that I have ever heard of will reduce firearm injuries more than several percent. That does not mean we do nothing or what we do as health professionals – and what you do, as our legislators – does not matter. It means we must have realistic expectations and understand that no single law or regulation will suffice.

This is not a slippery slope, but a deliberate walk towards a safer Commonwealth where our safety and wellbeing is linked to established science and public health practices and not endangered by fear, misunderstanding, and junk science. Equally importantly, this is not about the unlawful restriction of civil rights but application of effective tools within the boundaries of accepted civil rights law and jurisprudence.

There are some who would suggest that firearm injury prevention is not an issue for physicians. That we should “stay in our lane.” Our lane is with our patients. It always has been and it always will be. As long as people survive, or not, from shootings and live with the physical and psychological scars, as long as parents grieve the death of a child who accidentally or intentionally shot themselves, as long as suicidal impulses can be translated to near certain death because of guns, it will be our lane. We are anti gunshot wound, not anti 2d Amendment.

This lane is broad and the need is great. There is ample room for cooperation. There are smart, responsible, lawful gun owners and creative and caring gun dealers who are as passionate about preventing these events as we are. Dare I say, there is even room for motivated legislators of all parties. Welcome to our lane.

Thank you for your attention to this issue and I look forward to further discussion.

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Dr. Deborah Moss, MD, MPH, FAAP

Democratic Policy Committee Hearing on Gun Violence

Sept. 13, 2019

Good morning. My name is Deborah Moss. I am here today to speak about firearm safety and to advocate for protecting the health and safety of children, their families, and our communities.

I come at this issue from a health care provider's perspective. I am a pediatrician, having practiced at UPMC Children's Hospital of Pittsburgh for more than 20 years; I am also the president of the Pennsylvania American Academy of Pediatrics. As president of the PA chapter, I represent 2,300 pediatricians across the state and the children and families they serve.

I'm sometimes asked --and physicians as a group have been asked -- why get involved in the issue of gun violence--it's a political issue, isn't it? (remember the 'Stay in Your Lane' controversy?) But I ask them and I ask you: if it's not a health issue, why are people dying from it? And it's not simply a health issue. Firearm safety is a **public health** issue.

1. It is a public health issue because firearm-related injuries are responsible for injuring and killing our children --and the adults who care for them--at alarming rates.
2. AND firearm violence is a public health issue because it is preventable through proven interventions including legislation and public policy.

Let me share some prevalence data.

SLIDE 1 HERE –

In 2017, almost 40,000 people died from gun-related injuries. ... that's more than the number of overdose deaths involving prescription opioids—17,000 -- and close to the total number of OD deaths from any form of opioid including heroin and fentanyl.

SLIDE 2 HERE

Firearm injuries are a top cause of PEDIATRIC mortality. In fact, firearm-related injuries are the second leading cause of death in childhood (among children 1-19 years of age)!

Slide 3 HERE

Self-inflicted firearm injuries – suicide – are among the top causes of death across all age groups. More people kill themselves in the U.S. by a gun than are murdered by one.

What is little known is that suicide is most often an impulsive act, occurring within minutes to hours of the suicidal thought, and studies show that access

to guns in the home is a known risk factor for suicide. So reducing access to guns or at least requiring safe storage is critical to preventing these deaths.

I've shared mortality data, data re firearm deaths, but this represents just the tip of the iceberg. I think about the 16 year old boy I saw in my clinic for a hospital follow up. Before the hospitalization, he was a healthy active young guy, a promising high school student. Then a gun shot wound, sustained when he was caught in crossfire while walking his younger sister to a party one Saturday night, left him paralyzed from the waist down. So these mortality numbers don't take into account the immeasurable toll of those who sustain life-changing injuries, the toll on survivors, witnesses, really all of us who now feel a sense of vulnerability--after the recent spate of mass shootings-- that no place is safe.

So what are effective solutions to this public health problem? Seven years ago, the AAP issued a policy statement on firearm-related injuries to engage our elected officials in passing science-based legislation that would become good public health policy.

Now, six of the largest professional organizations in medicine (Amer Acad Family Physicians, AAP, Amer College of Physicians, Amer College of Surgeons, Amer Medical Assoc, American Psychiatric Assoc) have joined together to support public health recommendations to prevent firearm injury and death.... similar to approaches that have successfully reduced the adverse effects of tobacco use, motor vehicle accidents, and unintentional poisoning.

Their recommendations include:

- implementing comprehensive criminal background checks for all firearm purchases (to prevent firearm purchase by those most at risk for violent behavior);
- expanding firearm prohibitions on those found guilty of domestic violence;
- making it illegal to negligently store firearms where minors can access them;
- funding robust, nonpartisan research on firearm-related injuries and deaths;
- allowing temporary removal of firearms from individuals who may harm themselves or others while providing due process ('extreme risk protection order' or 'red flag' laws);
- regulating high-capacity weapons and other firearm features that allow a rapid rate of fire.

I can't say this enough: firearm injuries are often fatal and carry immeasurable societal impact.

Firearm safety is a public health issue.

Passing science-based legislation is a significant way to protect our citizens.

Thank you for your attention.

Testimony of **Dr. Heath Johnson**, Ph.D, MSW,
Crime Analysis Coordinator, Pittsburgh Bureau of Police
Pennsylvania General Assembly, House Democratic Policy Committee

September 13, 2019, 10 am

Hello. I'd first like to thank you all for holding this hearing on a topic very important to me, and inviting me to be a part of it.

I'm Dr. Heath C. Johnson, Crime Analysis Coordinator of the Crime Analysis Unit of the Pittsburgh Bureau of Police. I want to, in full disclosure, say that I am not a sworn police officer, but a civilian employee working within the police department. I lead a small multi-disciplinary team within the department, tasked with using data to better deploy police resources and assist the pursuit of public safety in any ways we can. We work in close conjunction with our Intelligence Unit, Major Crimes Division, and police operations. Today I'm going to briefly discuss the trends in gun violence we observe & track and speak to some of the many advances and techniques that the Pittsburgh Police utilize to better respond to and prevent gun violence.

Over the last 5 years in the city of Pittsburgh we have seen steady declines in the number of gun violence incidents. It was not uncommon to have over 200 gun violence incidents in a given year, with a quarter or more of those resulting in fatalities. In the intervening years those figures have steadily, if modestly, been on the decline. For instance there were 71 homicides in 2014, 60 in 2015, 59 the next year, and 58 the following year. 2019 is thus far continuing this trend. As I speak to you today there have been 26 homicides in the city of Pittsburgh- this is 37% below the average number of homicides Pittsburgh has experienced at this point over the last five years. Non-fatal shootings have followed a similar trajectory, with steady, if modest, decreases in shooting incidents since 2016. 2019 is slightly ahead of the pace of shootings compared to 2018, however the combined figures trend in the direction we would hope to see.

The reasons for these steady decreases cannot be distilled into any one cause. Pittsburgh is fortunate to be undergoing a period of development and general economic health. Whole neighborhoods are being transformed through the influx of new economic opportunities and the consequential development of new housing, business, and entertainment opportunities. And it is in this context that the Pittsburgh Bureau of Police has been ambitious in its desire to address the ongoing incidents of gun violence, that, while fewer in instances, remain a scourge to the victims and family members of all those touched by such violence. Addressing and preventing gun violence remains the priority of the Pittsburgh Police. And to the credit of all those involved in Public Safety, including Director Hissrich, Chief Schubert, Commander Eric Holmes, the command staff, detectives, and the front line officers of the Pittsburgh Police,

there have been an impressive list of new endeavors, approaches, partnerships, and technologies that are currently being employed for just such purposes.

A few examples are appropriate:

In late 2015, Pittsburgh Police formed its Group Violence Intervention squad. Using best practices learned from Police departments in other large municipalities, the GVI unit combines devoted detectives and a civilian outreach component to investigate shootings, while also providing outreach to those involved in gang & group violence to hopefully assist young people in finding alternatives to lives of violence and retribution. GVI holds bi-weekly Shooting Review meetings to determine the nature of violent incidents and how best to address them.

This type of community focused endeavor is being employed citywide, with a few select neighborhoods acting as incubators for innovative approaches to maintaining public safety. Northview Heights is public housing community that is showing noteworthy success in implementing a community-based "police sub-station" that also serves as a community center for residents. It promotes engagement between not just residents and the police, but between residents and various non-profit service providers, as well. The short term results have been very positive, with anecdotal evidence of improved police relations and sharp decreases in the types of violence that were at one time, endemic to that neighborhood.

With regards to technology, Pittsburgh has similarly shown willingness to try innovative approaches. Pittsburgh now utilizes ShotSpotter, a technology designed to locate the source of gunfire to a very small geographic area, some 30 ft in diameter, and dispatch this information to police officers within seconds of the technology recognizing a gunshot. This quick and accurate information plays vital roles in the police performing their functions, from locating injured parties, to apprehending shooting suspects, to locating critical evidence at the scene.

The location of critical evidence, including shell casings and firearms, plays an important role as we partner with the Allegheny County Crime Lab and Medical Examiner's office to log and connect forensic evidence to other potential incidents in which the same weapons were used.

Finally, the use of data-driven policing to help determine the locations and times of patrols across all 6 police zones ensures that our police resources, namely the men and women in uniform, are being directed effectively and efficiently. Our call response times are enviable to other departments. And field data, combined with our crime data, is being used as we are beginning to adopt tenets of Crime Prevention Through Environmental Design (CPTED) to identify where the built environment may be altered to help reduce the opportunity for crime to occur.

These are just a few of the many efforts the Pittsburgh Bureau of Police has initiated in its mission to protect the public safety. I am and have been encouraged by the results, and have confidence that they will continue to produce.

Thank you.

Homicides & Shooting Incidents
January 1 – August 31
City of Pittsburgh

Year-To-Date Comparison				5 yr Average	
	2018	2019	Change	Avg	Change
Homicide	41	26	-37%	42	-38%
Non-Fatal Shooting	77	81	+5%	90	-10%
Shots Fired	1,304	2,186	+68%	1,518	+44%

Homicides & Shootings by Year:
Full Year 2014 – 2018 & YTD 2019
City of Pittsburgh

	2014	2015	2016	2017	2018	YTD 2019
Homicides	71	60	59	58	58	26
Shootings w/ Injury	173	174	188	134	114	81



ACHD Office of Violence Prevention

Homicides by Firearms

Ross A. Watson, Jr., MS
Program Manager (Office of Violence Prevention)

The Public Health Epidemic of Gun Violence
9-13-19



Current Target Communities



Region 1: Northside

Region 2: Middle Hill

**Region 3: Beltzhoover, Mount Oliver, and
Southside**

**Region 4: Wilkinsburg, Penn Hills, and
Homewood**

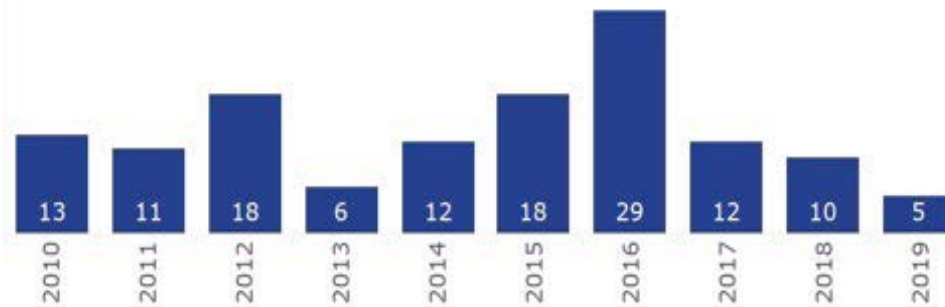
**Region 5: McKeesport, Duquesne, Rankin
and Braddock**



Region 1: Northside

During the time selected, there was/were **134** homicide(s), an average of **13** homicides per year.

Number of Homicides Per Year



Average Counts Per Month

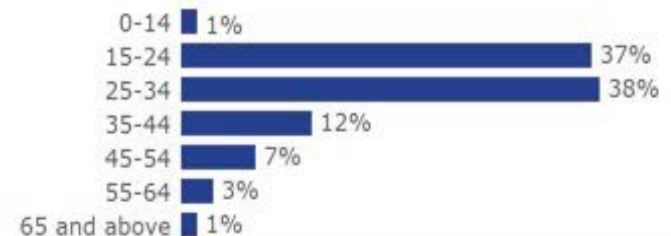


Who were the victims? (For cases where demographics data is available.)

Victim Race and Gender

	Female	Male	Total
Black	17 13%	105 78%	122 91%
White	1 1%	10 7%	11 8%
Other Races/Unknown		1 1%	1 1%
Total	18 13%	116 87%	134 100%

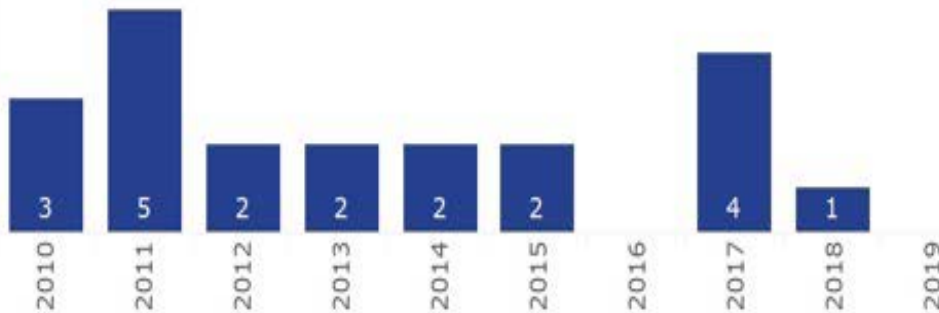
Victim Age





Region 2: Middle Hill

Number of Homicides Per Year



Average Counts Per Month

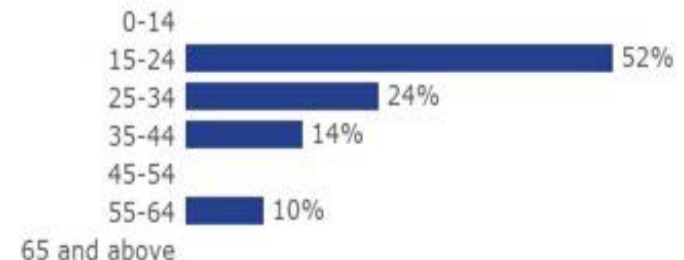


Who were the victims? (For cases where demographics data is available.)

Victim Race and Gender

	Female	Male	Total
Black	1 5%	20 95%	21 100%
Total	1 5%	20 95%	21 100%

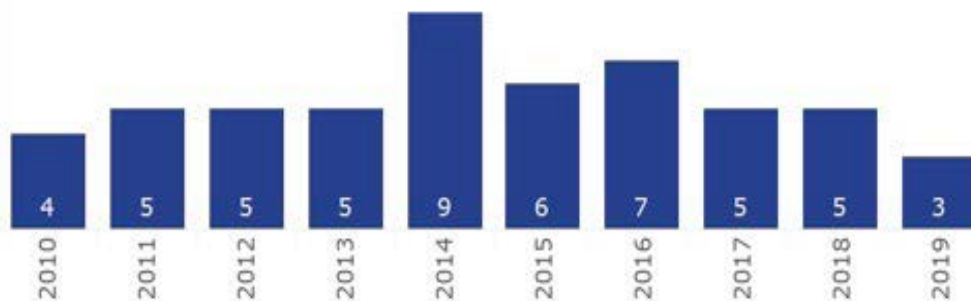
Victim Age





Region 3: Beltzhoover, Mount Oliver, and Southside

Number of Homicides Per Year



Average Counts Per Month

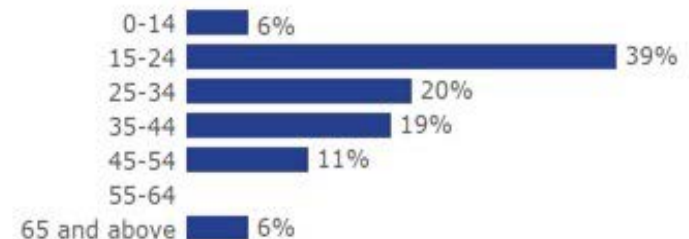


Who were the victims? (For cases where demographics data is available.)

Victim Race and Gender

	Female	Male	Total
Black	7 13%	38 70%	45 83%
White	1 2%	7 13%	8 15%
Other Races/Unknown		1 2%	1 2%
Total	8 15%	46 85%	54 100%

Victim Age

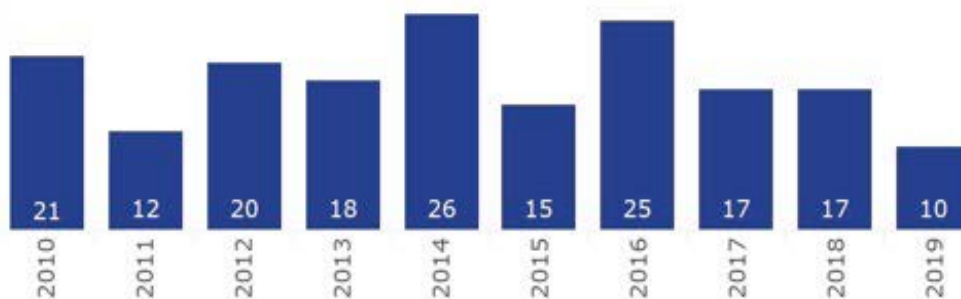




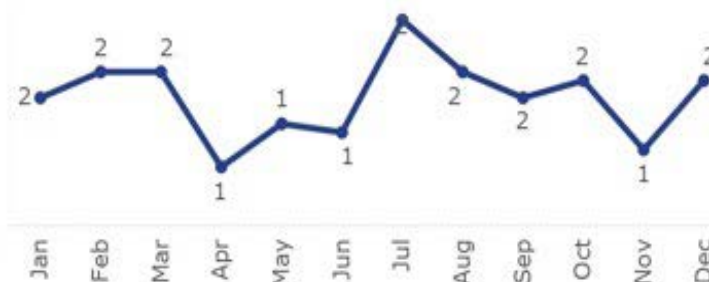
Region 4: Wilkinsburg, Penn Hills, and Homewood

During the time selected, there was/were **181** homicide(s), an average of **18** homicides per year.

Number of Homicides Per Year



Average Counts Per Month

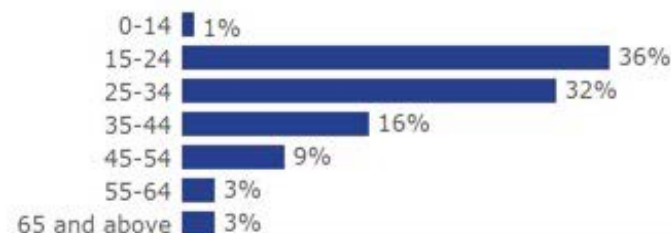


Who were the victims? (For cases where demographics data is available.)

Victim Race and Gender

	Female	Male	Total
Black	22 12%	148 82%	170 94%
White	4 2%	5 3%	9 5%
Other Races/Unknown		2 1%	2 1%
Total	26 14%	155 86%	181 100%

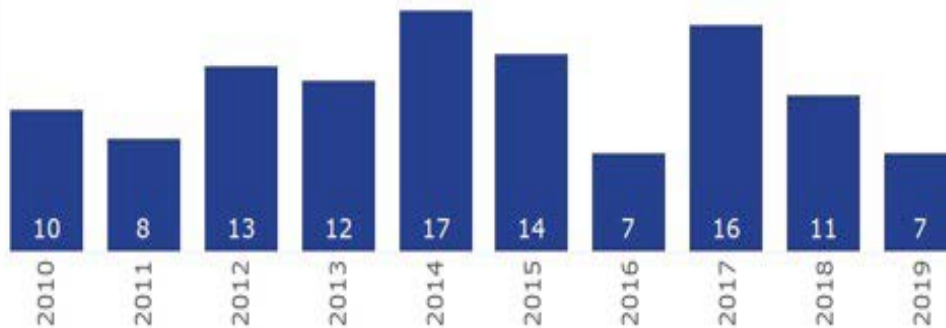
Victim Age





Region 5: McKeesport, Duquesne, Rankin and Braddock

Number of Homicides Per Year



Average Counts Per Month

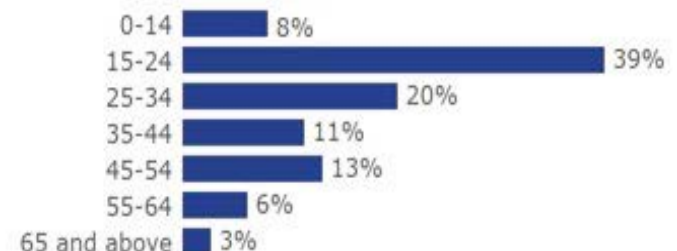


Who were the victims? (For cases where demographics data is available.)

Victim Race and Gender

	Female	Male	Total
Black	6 5%	84 73%	90 78%
White	8 7%	16 14%	24 21%
Other Races/Unknown	1 1%		1 1%
Total	15 13%	100 87%	115 100%

Victim Age





2017 to 2019 Hot Spot Areas

Homicides- City of Pittsburgh

Neighborhoods	Sections	Population Homicides (2017- June 2019)		NFS (2017- June 2019)		CFS (2017- June 2019)		Homicide Rate per Year	NFS Rate per Year
		(2010)							
HOMEWOOD SOUTH	East End	2,344	15	25	431	256	427		
LARIMER	East End	1,728	6	8	163	139	185		
MIDDLE HILL	Hill District	1,707	5	8	78	117	187		
BEDFORD DWELLINGS	Hill District	1,202	3	7	59	100	233		
EAST HILLS	East End	3,169	7	12	253	88	151		
LINCOLN-LEMINGTON-BELMAR	East End	4,883	8	17	304	66	139		
POINT BREEZE NORTH	East End	2,054	3	0	43	58	0		
GARFIELD	East End	3,675	5	10	161	54	109		
CRAWFORD-ROBERTS	Hill District	2,256	3	3	41	53	53		
HOMEWOOD NORTH	East End	3,280	4	15	375	49	183		
City Total		305,704	129	314	5,901				
Top 10		26,298	59	105	1,908				
Top 10 combined as of total		9%	46%	33%	32%				



2017 to 2019 Hot Spot Areas

Homicides- Municipalities out of City

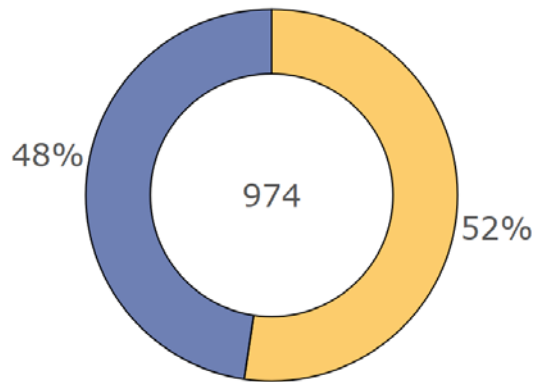
Municipality	Population (2010)	Homicides (2017- June 2019)	CFS (2017-June 2019)	Homicide Rate per Year
MCKEESPORT	19,731	22	590	45
WILKINSBURG	15,930	13	519	33
PENN HILLS	42,329	9	508	9
DUQUESNE	5,565	7	224	50

Municipalities Total	917,644	127	5,583
4 Combined	83,555	51	1,841
4 Combined as of total	9%	40%	33%

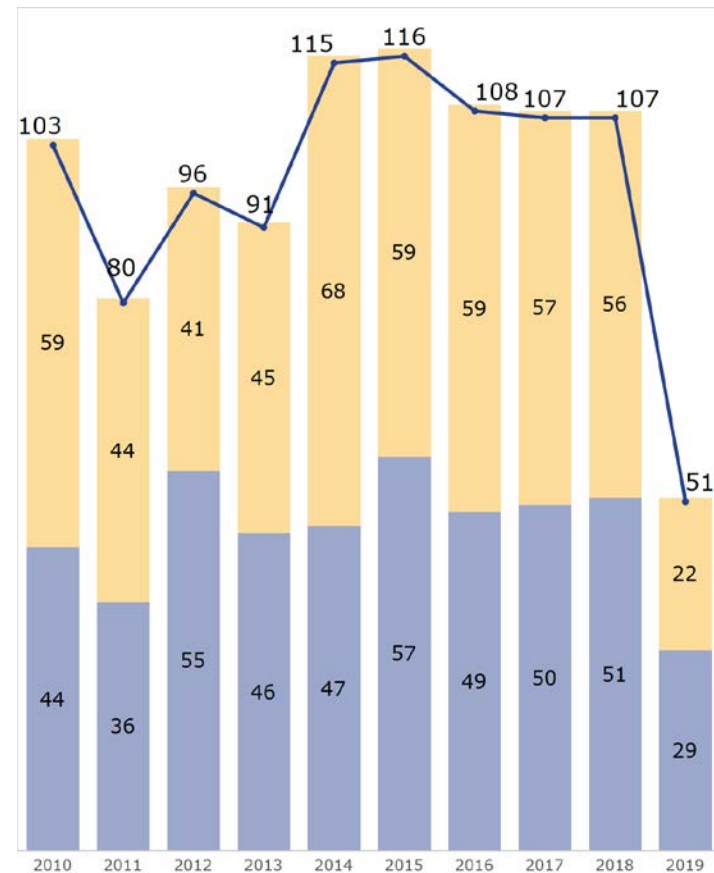


City vs. County Homicides

(2010- July 2019)



City of Pittsburgh
Rest of the County





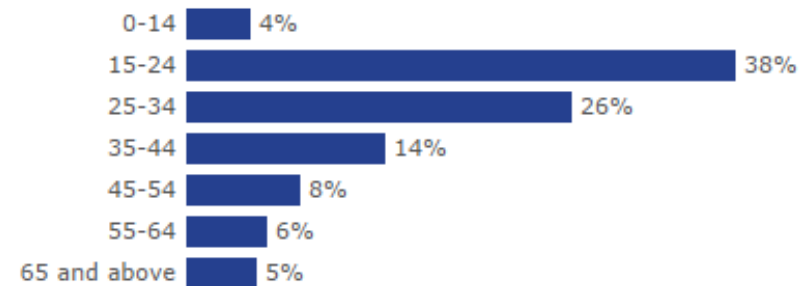
Who are the victims?

(2010-July 2019)

Victim Race and Gender

	Female	Male	Total
Black	78 8%	669 69%	747 77%
White	63 6%	150 15%	213 22%
Other Races/Unknown	2 0%	12 1%	14 1%
Total	143 15%	831 85%	974 100%

Victim Age



September 13, 2019

Dear Representative Frankel,

Women's Center & Shelter of Greater Pittsburgh is a non-profit organization working to advance the safety and wellbeing of victims of intimate partner violence and prevent and respond to intimate partner violence through social change. We do this by providing advocacy, counseling, emergency response, and civil legal representation to approximately 8,000 domestic violence survivors and their children each year in Allegheny County.

Through our advocacy work, we've seen the direct impact guns have on our clients' safety. We know that gun violence is a domestic violence issue, and we see far too much proof of the very real danger posed by a gun in the hands of a domestic abuser. A woman is five times more likely to be killed when a gun is present in a domestic violence situation. In the state of Pennsylvania, the majority of victims of domestic violence homicide victims are killed with firearms: 58% of those killed in 2018 and 66% in 2017. Firearms are also used in 90% of all intimate partner murder-suicides in Pennsylvania.

We strongly support any legislation that makes it more challenging for perpetrators of intimate partner violence to obtain firearms. In states that require a background check for every handgun purchase, the number of women shot to death by their intimate partner decreases by 38%. Bills like HB 673 would lead to more comprehensive background checks in Pennsylvania by amending Title 18, requiring background checks not only in the purchase of handguns in private sales, but also in the purchase of long guns and rifles.

Additionally, there are important opportunities for us to close legislative loopholes and improve enforcement of existing gun laws that will make a tremendous difference for the clients we serve at Women's Center & Shelter. PA Act 79, passed in April 2019, was a huge step toward progress, reducing the period of time in which domestic violence offenders must relinquish their weapons from 60 days to 24 hours and eliminating friends and family members as eligible safe keepers for relinquishment. However, the 24-hour relinquishment period still creates a loophole which puts IPV victims in danger. We believe that requiring defendants to hand over firearms to law enforcement immediately when they are served with a Protection from Abuse Order would improve safety outcomes for survivors in Allegheny County.

Another ongoing concern is that current allows for the prohibition of owning firearms to terminate upon the expiration or vacation of the PFA order. Based on our experiences in which clients have faced danger upon the expiration or lapse of a PFA order, we believe that those defendants should always have to petition the court to own firearms after expiration or vacation of the PFA order.

We must be diligent and thoughtful in drafting and implementing laws to ensure that everyone in our community is safe from gun violence, especially victims of intimate partner violence and their family members. Thank you for the opportunity to contribute to this critical discussion; we look forward to working with you further on this vital issue.

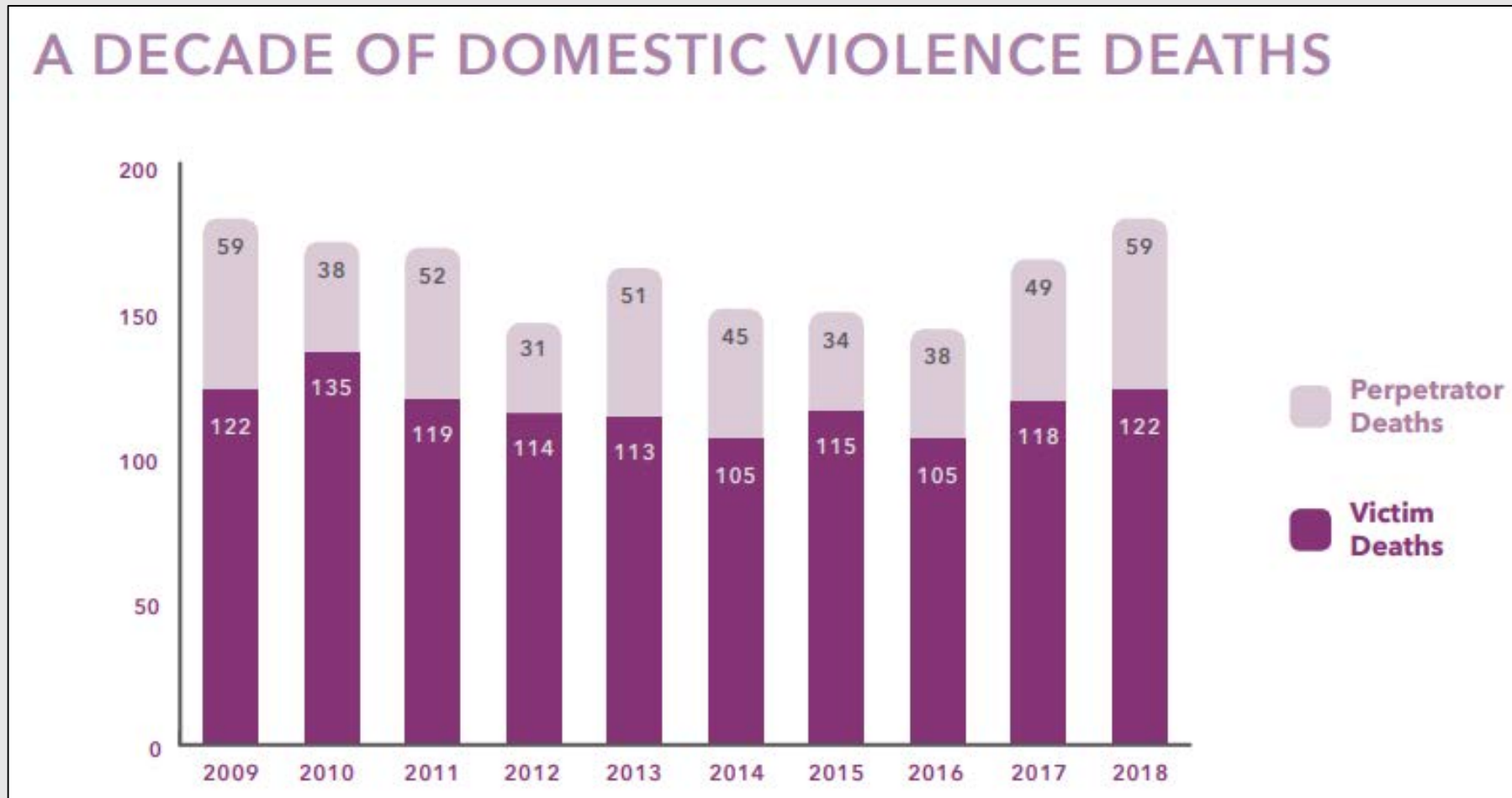
Sincerely,

Nicole Molinaro, President & CEO, Women's Center & Shelter of Greater Pittsburgh

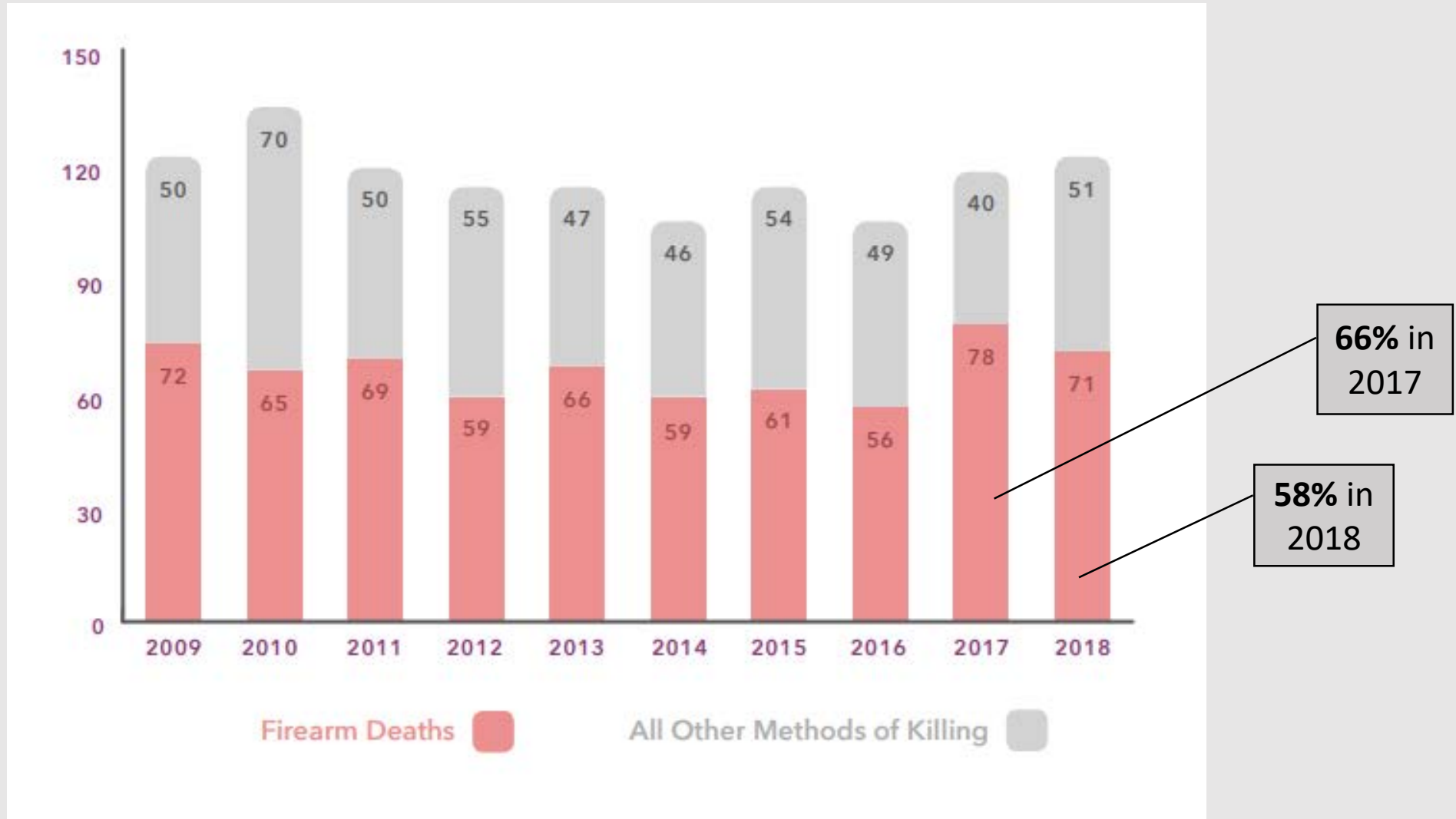
Intimate Partner Violence & the Gun Violence Epidemic

Nicole Molinaro, President and CEO, Women's Center & Shelter of
Greater Pittsburgh

In the last 10 years, **more than 1,600** people have died from domestic violence-related incidents in Pennsylvania.



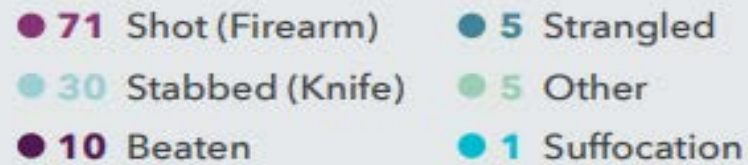
In the past decade, firearms have been the top method of IPV fatalities in PA, and account for at least 49% of domestic violence victim deaths each year...



TOTAL VICTIMS KILLED IN 2018

122

HOW THEY WERE KILLED




**OVER THE LAST
DECADE IN PA, IN**

90%

**OF INTIMATE
PARTNER
MURDER-SUICIDES,
THE OFFENDER
USED A FIREARM
TO COMMIT
SUICIDE.**

54%

**of perpetrators of mass
shootings had a history
of domestic or family
violence**

A black and white photograph of a woman cowering in the shadow of a person holding a handgun. The woman is looking up with a fearful expression, her hands near her face. The person holding the gun is mostly in shadow, with only their hand and the gun clearly visible.

WHEN A GUN IS
PRESENT
IN A DOMESTIC
VIOLENCE
SITUATION, THE
RISK OF
HOMICIDE
FOR
WOMEN
INCREASES
BY 500%.

HELP US END THE CYCLE.



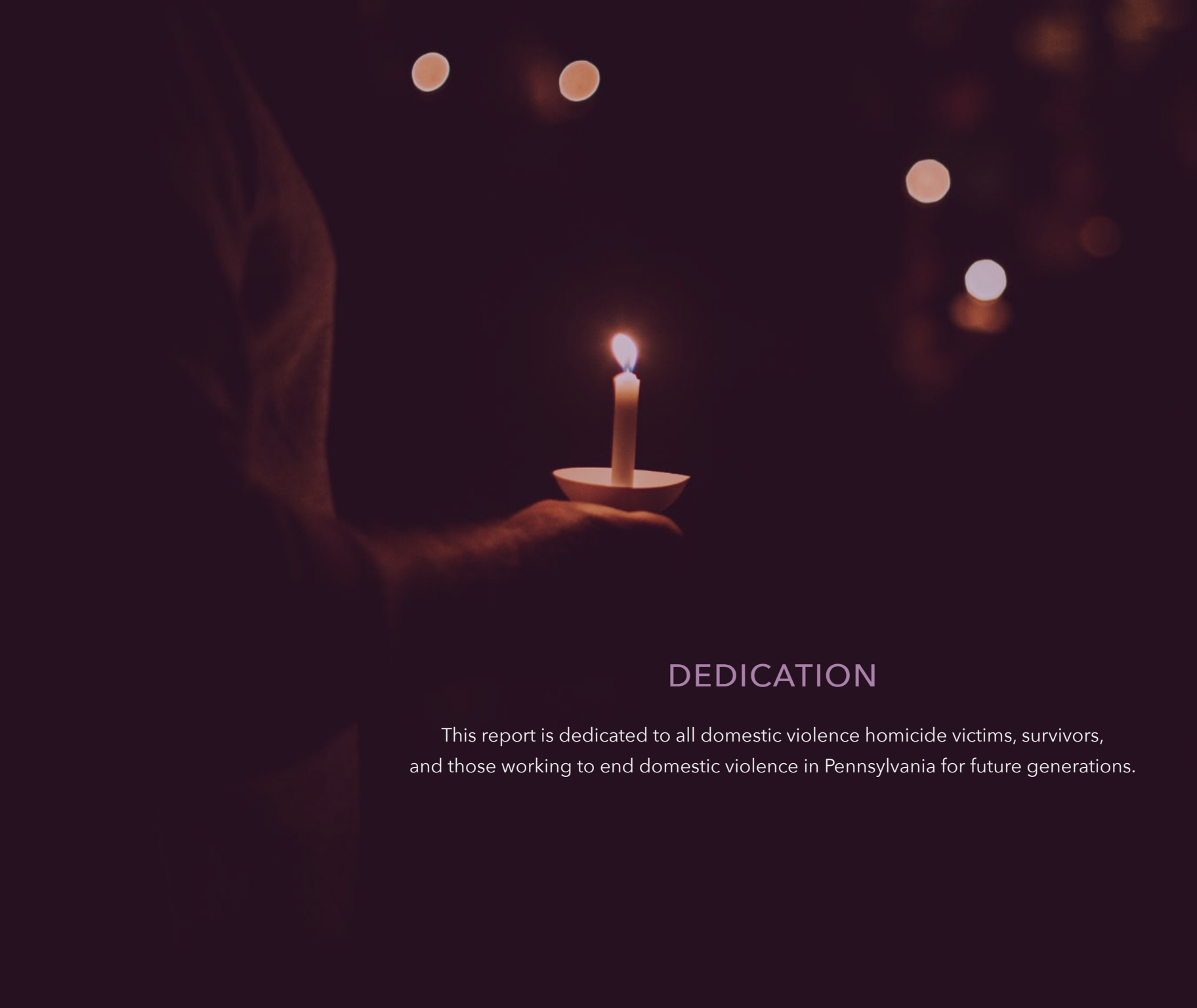
Women's Center & Shelter
of Greater Pittsburgh

wcscanhelp.org
(412) 687-8005



2018
DOMESTIC
VIOLENCE
**FATALITY
REPORT**





DEDICATION

This report is dedicated to all domestic violence homicide victims, survivors, and those working to end domestic violence in Pennsylvania for future generations.



ABOUT THE REPORT

The Pennsylvania Coalition Against Domestic Violence's (PCADV) annual Fatality Report has been the single most reliable source for information about domestic violence-related deaths in Pennsylvania for more than 19 years.

Pennsylvania does not have reporting requirements for domestic violence homicides. PCADV compiles its annual list based on news accounts, police departments, and information received from our 59 local domestic violence programs serving all 67 counties.

PCADV uses a conservative method of identifying domestic violence deaths. We do not include cases where no arrests have been made or where the relationship between victim and perpetrator is unclear. We count fatalities involving current and former intimate partners, family members, police officers, bystanders, interveners, and others such as former partners killed by new partners or new partners killed by former partners.

We exclude child abuse and neglect deaths because they are reported by the Pennsylvania Department of Human Services. However, we include certain child deaths when the deaths are a direct result of domestic violence. These may include situations where the perpetrator kills the entire family or the children/child to harm the parent.

**Our homicide numbers may change on a yearly basis. This depends on: when an arrest is made in a domestic violence related homicide; if someone has been acquitted of a homicide; or if it has been determined that the homicide was committed in self-defense.*

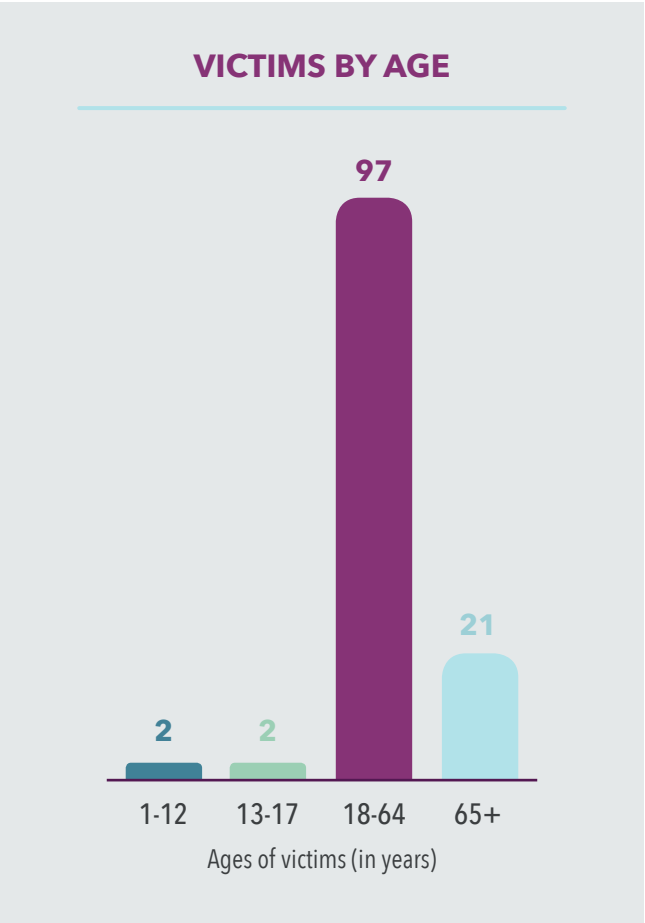
For more information about this report or for media inquiries, contact:

PCADV Public Affairs Department
717.545.6400 or publicaffairs@pcadv.org

REPORT OVERVIEW

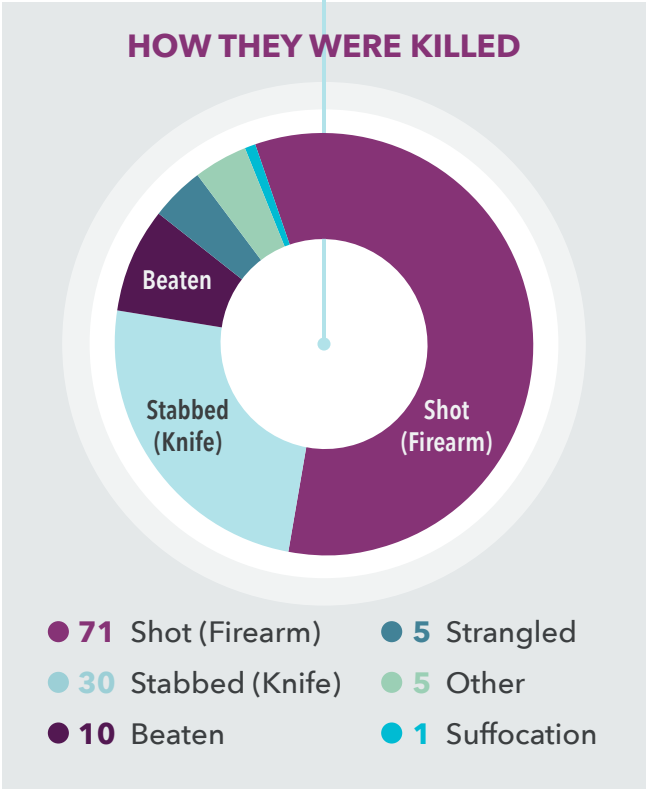
In the last 10 years, more than 1,600 people have died from domestic violence-related incidents in Pennsylvania. Those killed included women, children, and men of all ages, races, sexual orientations, and socio-economic groups. In 2018, 122 victims lost their lives to domestic violence in Pennsylvania. **This number includes 85 females and 37 males.** Additionally, there were 59 perpetrator deaths.

2018 VICTIM DEATHS



TOTAL VICTIMS KILLED IN 2018

122



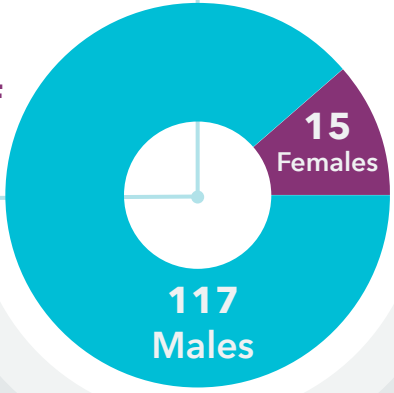
2018 PERPETRATOR DEATHS

132 TOTAL PERPETRATORS

TOTAL PERPETRATOR DEATHS IN 2018

59

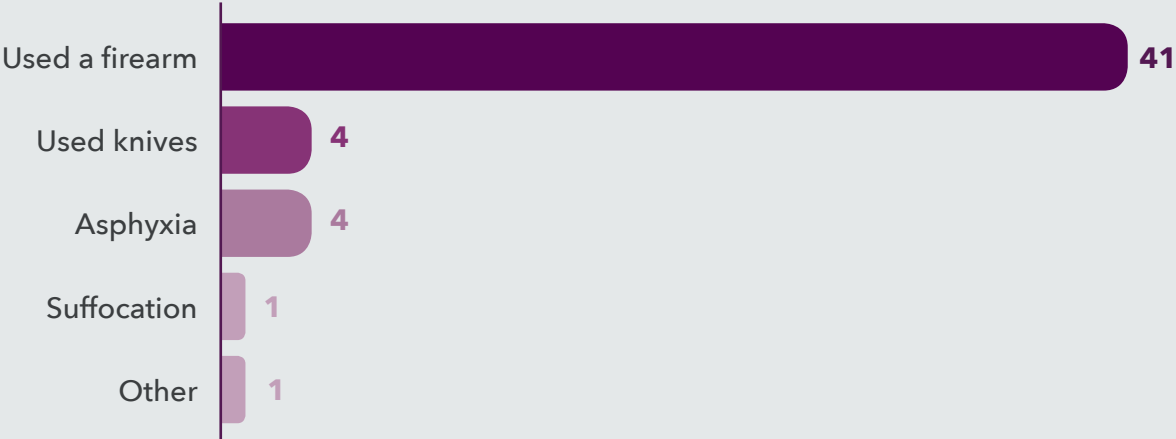
GENDER OF PERPETRATOR



HOW THEY DIED



MANNER OF DEATH IN SUICIDES





County	Cases
Allegheny	8
Armstrong	0
Beaver	0
Butler	1
Cambria	0
Bedford	2
Berks	3
Bucks	5
Blair	0
Bradford	1
Boone	0
Butler	1
Carbon	0
Clearfield	1
Chester	5
Clinton	0
Columbia	0
Crawford	0
Cumberland	1
Delaware	7
Dauphin	1
Erie	10
Franklin	0
Fayette	6
Fulton	0
Harrisburg	0
Huntingdon	0
Indiana	1
Jefferson	1
Juniata	1
Lancaster	1
Lebanon	0
Lehigh	7
Luzerne	9
Lackawanna	4
Lawrence	0
Mercer	1
Mifflin	0
Monroe	3
Montgomery	8
Monroe	3
Montour	0
Northampton	2
Northumberland	0
Perry	0
Pike	0
Potter	0
Penn	0
Schuylkill	0
Snyder	0
Somerset	1
Susquehanna	1
Tioga	0
Union	1
Washington	2
Wayne	3
Westmoreland	2
York	1
Warren	0
Wyoming	1
Philadelphia	15

INTIMATE PARTNER VIOLENCE DEATHS

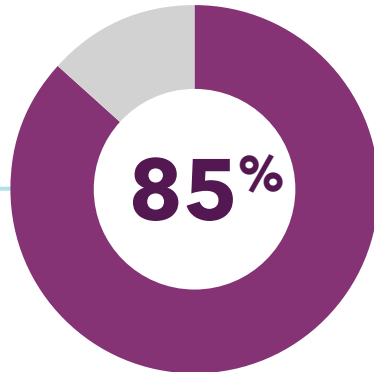
2018 INTIMATE PARTNER DEATHS BY GENDER

85

total **female** domestic violence victim deaths

72

killed by current or former intimate partner

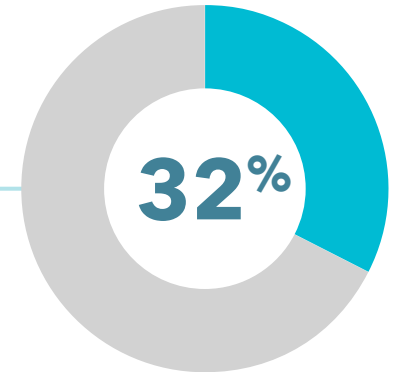


37

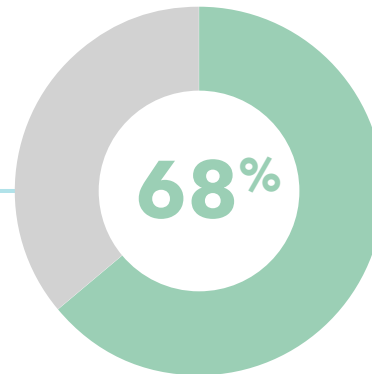
total **male** domestic violence victim deaths

12

killed by current or former intimate partner



Among the 122 domestic violence deaths in Pennsylvania in 2018, 68% of victims were killed by either a current or former intimate partner.



**KILLED BY CURRENT
OR FORMER
INTIMATE PARTNER**

Intimate Partner Violence (IPV) is the most common cause of domestic violence homicides. This is why PCADV adopted the Maryland Lethality Assessment Program (LAP) in 2012. LAP is a lethality assessment tool used by police officers responding to intimate partner domestic violence calls. It helps officers screen for potentially lethal situations.

As of February 2019, the Lethality Assessment Program has been implemented in 48 counties, with 46 domestic violence programs and 332 police departments. PCADV is working to implement LAP in more counties in an effort to further reduce IPV homicides and murder-suicides in the Commonwealth.

**2019 PARTICIPATION IN THE PCADV
LETHALITY ASSESSMENT PROGRAM**

48

Counties

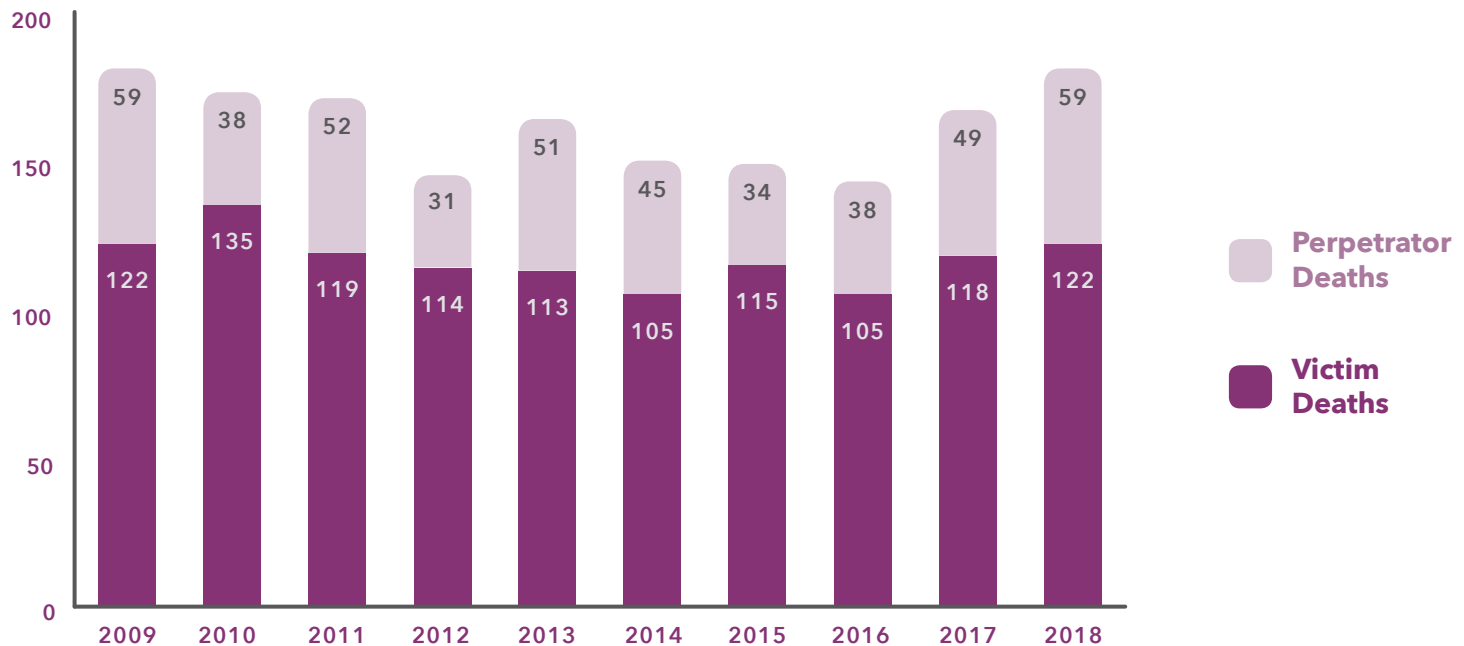
46

DV Programs

332

Police Departments

A DECADE OF DOMESTIC VIOLENCE DEATHS



VICTIM HOMICIDES

Fayette County

A 61-year old man was at a magisterial district court on domestic violence charges. Outside of the building he opened fire on his wife and followed her inside where he began firing into the lobby. Police fatally shot the man. Three people were taken to the hospital. All were released later that night. Days earlier the man's wife had been granted a final Protection from Abuse order. In the petition for the PFA the man reportedly threatened her with a gun when she asked for a divorce and had choked her with a belt just days earlier.

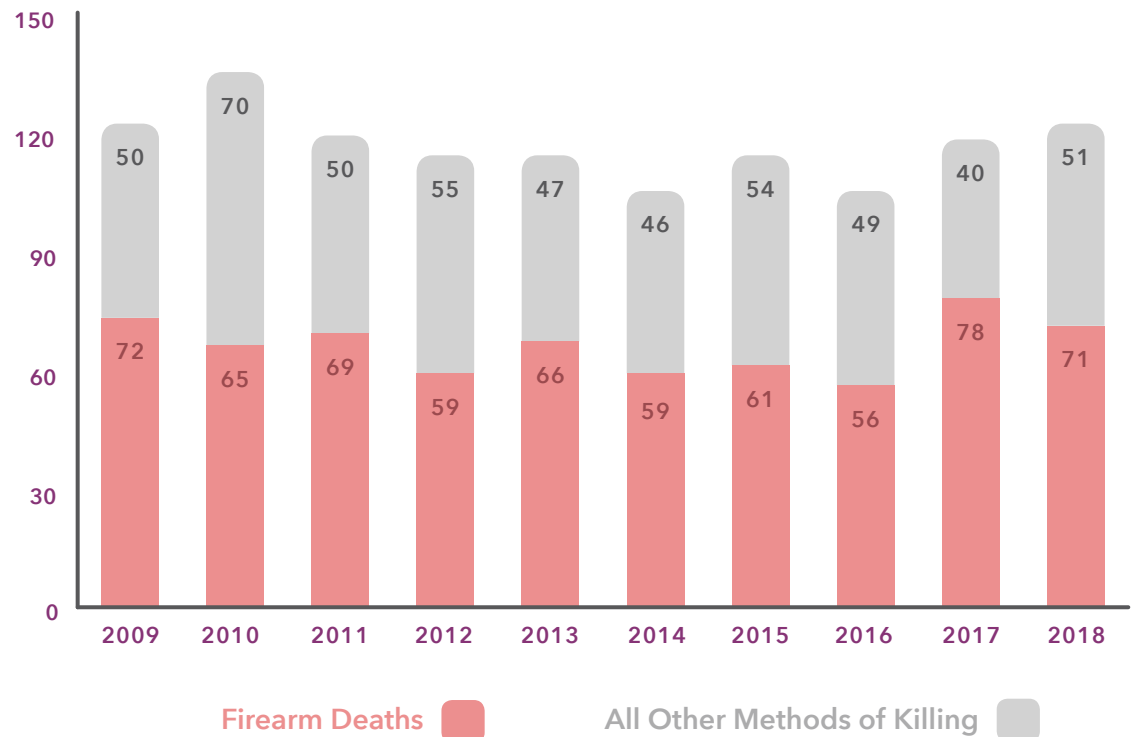
VICTIM HOMICIDES

Dauphin County

A 38-year old man was helping a woman get her belongings from the residence she had shared with her estranged boyfriend following a domestic dispute earlier in the day. While the two were moving belongings from the home, the estranged boyfriend with whom the woman shared the home arrived at the residence and **shot the man who was helping the woman before killing himself**. The woman's friend later died from his injuries.

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

AT LEAST
49%
KILLED BY A
FIREARM
EACH YEAR.



A DEADLY LINK: MURDER-SUICIDES

A common misconception exists that domestic violence homicides tend to be limited to victims of domestic violence. There is a steady and disconcerting link between domestic violence homicides and murder-suicides. Murder-suicides are responsible for the deaths of not only domestic violence victims, but the perpetrators of domestic violence, and in some cases, family members, police officers and bystanders. Reinforcing trends observed in Pennsylvania and nationally regarding domestic violence homicides, murder-suicides are most often carried out by males with firearms. A national study conducted by the Violence Policy Center revealed that:

***65%** of murder-suicides involved an intimate partner, **94%** of which involved a firearm. Additionally, the study concluded that firearms were used in **91%** of all murder-suicides.*

Tragically, some murder-suicides result in a high number (three or more) of victims. Most of these deaths involve family annihilators, who kill their intimate partners, children and sometimes family pets, before killing themselves. In Pennsylvania, in the last decade, six domestic violence homicides were murder-suicides with three or more victims, including a single incident in 2014 that claimed five or more lives.

VICTIM HOMICIDES

Chester County

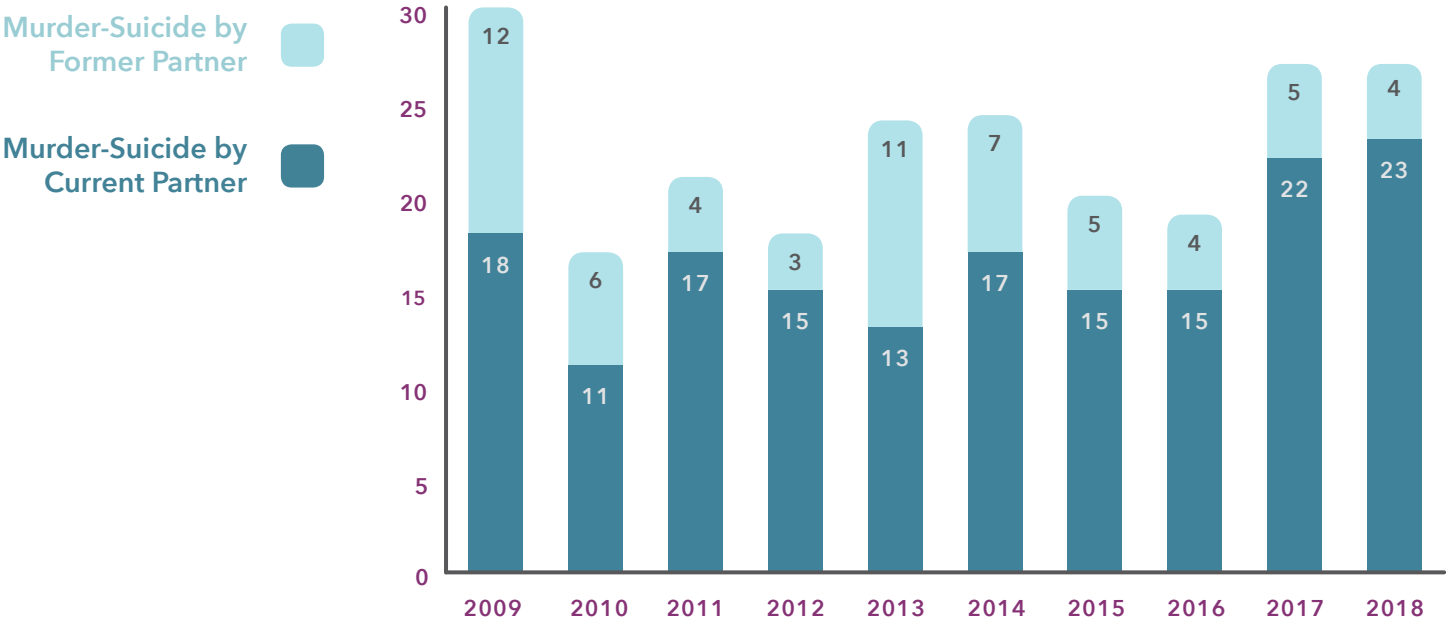
On the day a 59-year-old man's house was awarded to his ex-wife as part of their divorce being finalized, the man drove to the home and shot at his ex-wife in the driveway. She was not injured. **He then drove to the retirement community where his parents, both in their late 80s, lived, and shot and killed them both.** After the man fled the scene, police chased him for hours. The chase ended when the man crashed his vehicle into the side of his ex-wife's house. The police found the man dead with a self-inflicted gun-shot wound.

**OVER THE LAST
DECADE IN PA, IN**

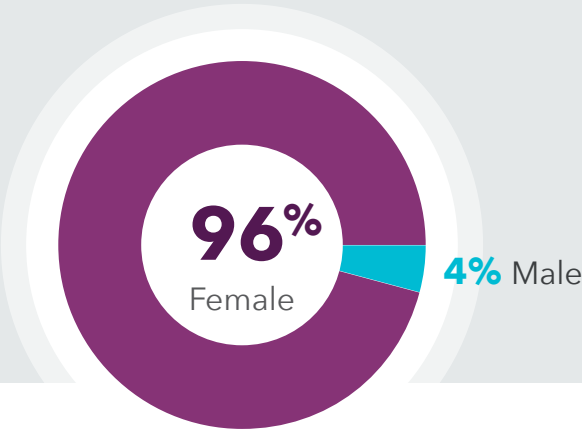
90%

**OF INTIMATE
PARTNER
MURDER-SUICIDES,
THE OFFENDER
USED A FIREARM
TO COMMIT
SUICIDE.**

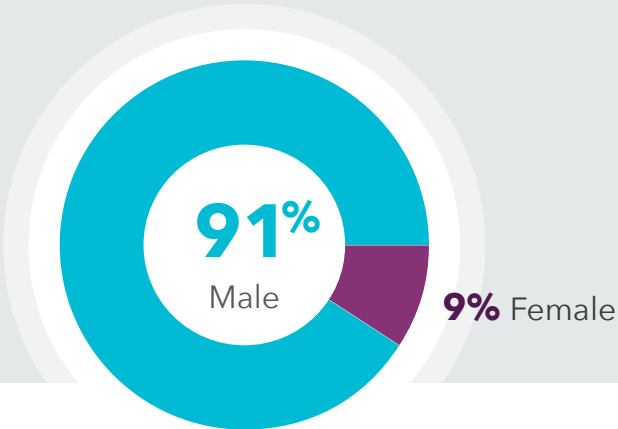
INTIMATE PARTNER MURDER-SUICIDE



GENDER OF VICTIM



GENDER OF OFFENDER



A DECADE OF ADVOCACY: DOMESTIC VIOLENCE HOMICIDE PREVENTION SIGNED INTO LAW

PCADV continues to assess the deadly link between firearms and domestic violence. For the last decade, domestic violence homicide prevention has been and continues to be, PCADV's leading legislative priority. After a decade of ardent advocacy by PCADV, its members, and a coalition of partners, HB 2060 was signed into law by Governor Wolf in October, 2018. Act 79 goes into effect on April 10, 2019. This potentially life-saving law does the following:

- mandates relinquishment of weapons for all final orders adjudicated by a judge
- removes friends and family members as options for third-party safekeeping
- reduces the time to relinquish weapons from 60 days to 24 hours for misdemeanor crimes of domestic violence, making the time frame consistent with final PFAs
- adds accompaniment by a sheriff or law enforcement during service of a PFA
- allows a plaintiff to extend a PFA against an incarcerated defendant who has been, or will be, released from custody within 90 days without having to show new instances of abuse

After a decade of ardent advocacy by PCADV, its members, and a coalition of partners, HB 2060 was signed into law by Governor Wolf in October, 2018. Act 79 will help ensure the safety of victims and survivors of domestic violence.

HOMICIDE DASHBOARD

In partnership with the Pennsylvania Commission on Crime and Delinquency (PCCD) and made possible by STOP funding, PCADV in collaboration with the Penn State Data Center, Institute for State and Regional Affairs at the Pennsylvania State University of Harrisburg, has created a publicly-available Homicide Dashboard. The interactive digital dashboard visually summarizes homicide data we tracked from news accounts, domestic violence programs, and police departments.

Information on domestic violence fatalities in PA and the Homicide Dashboard can be accessed at: [PCADV.org/fatalities](https://www.pcadv.org/fatalities)

VICTIM HOMICIDES

Montgomery County

A 33-year old woman was attacked in her vehicle at her workplace by her ex-boyfriend. The ex-boyfriend broke the windows of the woman's car and chased her as she ran. **He threw her to the ground, beat her, and then stabbed her repeatedly.** The woman's coworkers attempted to aid her and called 911, as she was still alive at that point and was able to speak words. At that time, **the ex-boyfriend got into a large SUV, weighing approximately three tons, and drove over his estranged girlfriend multiple times, crushing her to death.** The entire incident was caught on video.

Lehigh County

A 26-year old father **intentionally exploded a vehicle using a homemade explosive device.** The explosion resulted in a double-murder-suicide which killed the father who made and detonated the explosive, **and his 2-year old son** who was strapped into a car seat in the back of the vehicle, as well as 66-year old acquaintance. The explosive went off seconds after that man entered the vehicle. Authorities believe that this event was planned and intentional based on letters that the man sent to his family that were dated with the date of explosion.

Washington County

Following a domestic dispute, a 38-year old man shot and killed his 35-year old pregnant fiancé before taking his own life with a self-inflicted gunshot. **The fiancé was expecting a baby boy to be born two months later.**

Philadelphia County

A 7-year-old girl was killed by her father before he hanged himself. The girl's mother had a protection from abuse order against the father due to a history of documented violence. The girl's mother and father had endured an extended and tenuous custody battle. **Despite** having ordered a mental health evaluation of the father due to a documented history of violence, a Judge allowed the father to continue to share custody with the mother.

HONORING VICTIMS WHO LOST THEIR LIVES TO DOMESTIC VIOLENCE IN PENNSYLVANIA (2018)

Adams (1)

James Stephens

Allegheny (8)

Vera Williams Butler

Miranda Grimm-Gilarski

Lanny Hutson

Tiffany Korbelic

Louise Lewis

Dolores Miller

Kevin Thompson

Dolores Williams

Bedford (2)

Lekevia Bush

David Glenn Focht, Sr.

Berks (3)

Suzanne Lenkiewicz

Raniel Natera

Maureen Taulker

Bradford (1)

Patricia Haverly

Bucks (5)

Anna Angok

Autumn Bartle

Chung Sook Chang

Colleen Patterson

Teresa Priestley

Butler (1)

Ryan Minett

Centre (1)

Daniel Pedrazzani

Chester (5)

Nancy Rogal

William Rogal

Stephanie Burtnett Williams

Heather Woodward

Rachel Yeager

Clearfield (1)

Richard Bennett

Cumberland (1)

Sue Lyons-Grundon

Dauphin (1)

Jeremy Cadwallader

Delaware (7)

Alita Byrd

Meredith Chapman

Chadease Coleman

Devanna Cornitcher

Robert Coult, Jr.

Henry Hox

Keith Jackson

Elk (1)

Richard Hicks

Erie (10)

Michele Brown
Keeno Butler
Erica Castro
Dorothy Gilkey
Amanda Grazioli
Tammy Greenawalt
Tanesha Harkless
Miranda Matasowski
Alicia Stalheim
Selena Wall

Fayette (6)

Chelsie Lou Cline
Seth William Cline
John Maki
Tre Montel McCargo
William Scott Porterfield
Courtney Sue Snyder

Indiana (1)

Brenda Zelenski

Jefferson (1)

Janice Wildnauer

Juanita (1)

Tammy Dorward

Lackawanna (4)

Tammy Fox
Sister Angela Miller

Rosemary Smith
Andrew Staretz

Lancaster (1)

Ghada Saleb

Lehigh (7)

Ashley Campfield
Latricia Ezell
Kristina Fenstermaker
Carolina Monsanto
Janis Munsch
Jonathan "J.J." Schmoyer
Lwam Tesfamarian

Luzerne (9)

Valerie Arangio
Cindy Lou Ashton
Brian Breyemeier
William Denman
Linda Frick
Joseph Lewis
Sandra Martin
Sandra Lee Montanari
Antoinette Wilkinson

Lycoming (2)

Luke Beatty
Sonya Heck

Mercer (1)

Sierra Nicole Madison

Monroe (3)

Brianna Burkhart
Richard Fells
Isadora Fortune

Montgomery (8)

Sharon Burke
Donna Marie Donato
Thomas Lane
Sera Lee
Siani Overby
Mark Quadrel
Angela Maya Stith
Ebony White

Northampton (2)

Kristen Eberhardt
John Schmook

Philadelphia (15)

Liliana Alvarez
Gwendolyn Anderson
Tammy Blount
Shanae Brown
Renee Cosom
Eric Eberhart
Adeline Hill
Amber Therese Jackson
Kayden Mancuso
Etlewa Meta
Linda Rios-Neuby

Drita Strelca
Vianela Tavera
Isis Williams
Oscarina Zarzuela

Somerset (1)

Diane Rosey

Susquehanna (1)

Joseph Amrein

Union (1)

Terry Minnier

Venango (1)

Kariann Joelle Beach

Washington (2)

Kelly Bryan
Michelle Krek

Wayne (3)

Carrie Martini
Dale Thomas
Carol Vaverchak

Westmoreland (2)

Frank Novak
John Small

Wyoming (1)

Haley Lorenzen

York (1)

Edna Pinder

PCADV LOCAL PROGRAMS

PCADV has a statewide network of local domestic violence programs that are ready to help.

A Safe Place
Forest and Warren Counties

A Way Out
Potter County

A Woman's Place
Bucks County

Abuse & Rape Crisis Center
Bradford County

Alice Paul House
Indiana County

Alle-Kiski Area HOPE Center, Inc.
Allegheny & Westmoreland Counties

AWARE, Inc.
Mercer County

Blackburn Center
Westmoreland County

C.A.P.S.E.A., Inc.
Elk and Cameron Counties

Center for Victims
Allegheny County

Centre Safe
Centre County

Clinton County Women's Center
Clinton County

Community Action, Inc. / Crossroads Project
Jefferson and Clearfield Counties

Congreso De Latinos Unidos, Inc.
Philadelphia County

Crisis Center North, Inc.
Allegheny County

Crisis Shelter of Lawrence County
Lawrence County

Victim Services of Family Services, Inc.
Blair County

**Domestic Abuse Project
of Delaware County, Inc.**
Delaware County

**Domestic Violence Center
of Chester County**
Chester County

**Domestic Violence Intervention
of Lebanon County, Inc.**
Lebanon County

Domestic Violence Service Center, Inc.
Luzerne and Carbon Counties

**Domestic Violence Services
of Cumberland & Perry Counties**
Cumberland and Perry Counties

**Domestic Violence Services
of Lancaster County**
Lancaster County

**Domestic Violence Services
of Southwestern PA**
Washington, Greene
and Fayette Counties

HAVEN of Tioga County, Inc.
Tioga County

HAVIN, Inc.
Armstrong County

Huntingdon House
Huntingdon County

Laurel House
Montgomery County

Lutheran Settlement House
Philadelphia County

PPC Violence Free Network
Venango County

SAFE (Stop Abuse for Everyone), Inc.
Clarion County

Safe Berks
Berks County

Safe Journey
Erie County

SafeNet Domestic Violence Safety Network
Erie County

Schuylkill Women in Crisis
Schuylkill County

Sullivan County Victim Services
Sullivan County

Survivors, Inc.
Adams County

The Abuse Network
Mifflin and Juniata Counties

Transitions of PA
Union, Snyder and
Northumberland Counties

Turning Point of Lehigh Valley, Inc.
Lehigh and Northampton Counties

Victim Outreach Intervention Center
Butler County

Victims Resource Center
Wyoming County

Victims' Intervention Program
Wayne County

Women Against Abuse, Inc.
Philadelphia County

Women in Need, Inc.
Franklin and Fulton Counties

Women In Transition
Philadelphia County

**Women's Center & Shelter
of Greater Pittsburgh**
Allegheny County

Women's Center of Beaver County
Beaver County

**The Women's Center, Inc.
of Columbia/Montour**
Columbia and Montour Counties

Women's Center of Montgomery County
Montgomery County

Women's Help Center, Inc.
Cambria and Somerset Counties

Women's Resource Center, Inc.
Lackawanna and Susquehanna Counties

Women's Resources of Monroe County, Inc.
Monroe County

Women's Services, Inc.
Crawford County

Your Safe Haven, Inc.
Bedford County

YWCA Bradford Victims' Resource Center
McKean County

YWCA Northcentral PA / Wise Options
Lycoming County

**YWCA Greater Harrisburg / Violence
Intervention & Prevention Services**
Dauphin County

YWCA York / ACCESS
York County



National Domestic Violence Hotline: 1.800.779.7233
National Teen Dating Violence Hotline: 1.866.331.9474

Visit [PCADV.org](https://www.pcadv.org) to find local programs
by location and services offered.

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Testimony submitted for Pennsylvania General Assembly, House Democratic Policy Committee

September 13, 2019, 10 am

To whom it may concern;

We at the School of Public Health looks at gun violence as a disease. We coordinate a few projects:

GRIPS – Gun-Shot Recurring Injury Prevention Services, where we see the gunshot victims that come into the four major Trauma units here. Presby, AGH, Mercy and Forbes. What we do is offer them services, through our relationships with the Department of Human Services, the Urban League and others our hopes is to stop recidivism. The most used service is we have the ability to move families from one community to another based on the issue that may have gotten them shot. We also have a good relationship with law enforcement, which enables us to be sure we are not creating a problem by moving the disease to another community.

Homicide Reviews – We review homicides now on a quarterly basis. We look at the trends in hopes that we can stop the next shooting or homicide.

Interrupters – In the past, I've had men and women that we call interrupters, who have a knowledge of things going on in the community, that interrupt the transmission of the disease through conflict resolution. These people from the community have the respect of folks engaged in street life.

These three things go hand in hand in keeping shootings and homicides down. We must first understand the functions. The disease model is as followed

Interrupt – the transmission of the disease

Treat the disease

Change community norms

Stopping the spread of the disease.

Identity Transformation

Interrupting the transmission of the disease is done when we see victims in the hospital, and we are able to get with the community to squash a feud or an issue between folks. Our interrupters are able to go to folks who maybe on the outskirts of the problem and actually solve the issue with word, rather than with guns. It is the same with homicides; because of this work, we may be able to stop the next homicide. We look at the trend and sometimes are able to keep opposing sides from retaliating.

Through both GRIPS and the review's we can interrupt the transmission of the disease. The next step is treating the disease, by giving people access to services. It could be a job, getting a G.E.D, or housing. In treating the disease, one could need drug and alcohol services. It depends on the need to treat the disease.

Thirdly, we try to change community norms by making either removing the disease, but making sure, we do not transplant the disease somewhere else. Most of this work is about relationships with the community, and understanding community norms.

Stopping the future spread of the disease and changing community norms is something that is not done overnight. It is consistent work in the community. The people chosen to do this work, work tirelessly in the community confronting those that partake in this disease. In some cases, they were part of the disease, and through this work, they changed their identity to become pillars in their community as a person to go through for assistance. This is identity transformation.

We have over 20,000 people killed in gun violence every year. We have had mass shootings that seem to start occurring more. In the urban community, our children see on the news daily someone from their community that has been shot. PTSD and other issues surround the urban child.

In the urban community, I can get a gun before I can get a meal. We need to do something to change the laws of having guns that cause loss of life. I support the bills moved forward to address the disease of gun violence!

Sincerely,

Richard Garland, MSW