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Good morning. Thank you to the Committee for inviting me to speak to you today on the work of reducing community violence in the city of Philadelphia. My name is Ruth Abaya, and I am privileged to serve my community as an attending physician in the division of emergency medicine at the Children's Hospital of Philadelphia, where I have had the opportunity to work on the issue of community violence through our Center for Violence Prevention. I have also had the past privilege to serve as the injury prevention program manager for our city's department of public health.

The issue of community violence is of critical importance to the patients we serve in Philadelphia. Violence has long been a public health crisis in Philadelphia with significant impact on the lives and well-being of each and every resident of the city, and with a disproportionate impact, as with many cities, in Black and Brown communities with histories of chronic disinvestment¹. During the COVID-19 pandemic, Philadelphia and many cities across the nation saw historic increases in firearm related violence, with over 2300 shooting victims (fatal and nonfatal) in the year 2021². The combination of these two devastating public health crises exposed communities in our city to significant trauma and raised awareness of existing disparities. In 2021, the vast majority of shooting victims were non-Hispanic Black men between the ages of 15-34². And while the number of individuals impacted by this crisis has changed over time, the disproportionate impact on this population in our city has persisted. We also saw new emerging trends, with higher numbers of firearm suicides among Philadelphia residents in 2022 than in the prior decade², including among youth. In 2020, firearm related injuries became the leading cause of death for children and youth 1-19 years of age³. Suicide rates among young people (10-24 years of age) experienced a 36% increase from 2018-2021⁴.

The impact of firearm violence is not just limited to patients and their immediate families. Research conducted at CHOP has demonstrated that those who live within a quarter mile of a shooting incident were almost twice as likely to come to the emergency department for a mental-health related need. This research also

demonstrated that the closer a child's proximity to a violent injury, the stronger the effect⁵. Our communities need true and lasting solutions to this crisis.

Like many cities we are seeing some promising reduction in firearm related violence, however, 2023 remained above pre-pandemic levels. This is personal for so many of us, and it requires us to use this opportunity to learn more about what works to sustainably reduce violence and create resilient, thriving communities.

I came to this work through my clinical training, where I saw young people who came through the trauma bay multiple times as a result of firearm related injuries. As a trainee, I had conversations with youth where they have expressed no expectation of living past their 25th birthday. It was clear then that there was an opportunity to think critically about what drove violence, and how to prevent and respond to it. Too often, survivors would be returned to their society with no resources to provide an off-ramp to safety, hope, or healing, and no connection to strategies that could interrupt the cycle of violence. Although it was a tragedy to see over 2000 ED visits for firearm related injuries in the height of the pandemic, for our patients who survived there was an opportunity to transform their lives through the tools of community violence intervention. I had learned about the public health approach to violence---defining and monitoring the problem, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption. Our patients needed us to put this into action.

Community violence intervention⁶, or CVI, is defined as a suite of evidence-informed strategies that aim to reduce violence through engaging the community, especially those most at risk. Individuals or groups are then engaged to create connections between critical resources and services such as employment and trauma healing, and to interrupt cycles of retaliatory violence. This work depends on the knowledge and expertise of credible messengers—individuals from community who have lived experience and are well positioned to engage those at highest risk in CVI strategies. Community violence intervention is powerful because it has the potential to impact those at highest risk of involvement in violence “on either side of the gun”, changing a person's trajectory and impacting their life, long term.

One CVI strategy that creates a bridge between the hospital and the community is the Hospital Based Violence Intervention Program, or HVIP. These programs are multidisciplinary programs that provide safety planning, services, and trauma informed care to patients with violent injuries. The CHOP Violence Intervention Program, or VIP, provides long term comprehensive case management services to

youth who come to the emergency department for a violent injury. The team of Violence Prevention Specialists work with youth 8-18 years of age to provide community-based services and support to the patient and their family. This work recognizes the long-term physical, emotional, and social impacts of violence and seeks to meet needs that range from physical needs, such as housing and food insecurity, to physical safety and mental health needs in the aftermath of violent injury. HVIPs have shown potential in reducing exposure to repeat violent injury^{7,8}, supporting basic needs and mental health needs^{9,10}, improving psychosocial outcomes^{11,12}, and reducing exposure to the criminal justice system^{13,14}. These programs also collaborate and form partnerships with other community-based organizations and agencies that can support youth and their families.

This model is part of the CHOP Center for Violence Prevention's comprehensive approach to addressing violence and its impacts in our communities. Violence, and the resultant trauma, can occur at many points in a child's life, and the center does work in community, and with community partners, around bullying prevention, addressing intimate partner violence, firearm safety and safe storage, and suicide prevention, while pursuing rigorous research to understand the impact of these programs.

The CHOP VIP program is one of several HVIPs in the city of Philadelphia, which cover most of our level 1 trauma centers. In my time at the department of public health we created an HVIP coalition that provided a community of practice around programs who were meeting the needs of violently injured patients around the city. In partnership with a similar coalition of violence interruption programs such as Cure Violence, formed at the same time, these programs form a critical part of the CVI ecosystem, defined as the city's violence intervention infrastructure connecting stakeholders who work in various sectors to implement a comprehensive slate of strategies that address the dynamics of violence. Working within a community of practice holds potential to limit duplication, identify common best practices, and improve the quality of services throughout the city. Philadelphia has other violence reduction models, such as Pushing Progress Philly (P3) and group violence intervention (GVI). Many of these models have a critical point in common—they all seek to engage those at high risk of exposure to the trauma of violence. A critical role for these communities of practice is to work together and strengthen the local ecosystem so this work is streamlined and impactful.

Improved investments in research will allow a better understanding of how community violence strategies are supporting a sustained reduction in violence in communities around the country, and additional investments are critical to continue to understand what makes programs most effective. Many community organizations have been investing their time and effort in reducing violence without the ability to measure what strategies are most effective.

I want to end with the story of one young man whose story exemplifies how life courses can be altered by the work of CVI, and why continued investment in this work can be so transformative. This young man was a survivor of violence, but he also had a complicated chronic disease. Between navigating his injury, contending with housing insecurity, and attempting to return to school, his physical and mental health were at risk. Through an HVIP, his violence intervention specialist advocated for him in the school setting, in finding stable housing, in securing his medications, in attending his follow up appointments with his trauma surgery team, and in getting connected to mental health services. These interventions likely saved his life and provided an opportunity to exit the harmful cycle of violence and find safety and health. Far too many survivors of violence could benefit from these powerful programs. The future of community violence intervention holds a great deal of promise for communities like Philadelphia and investment in these models in the areas of programming and research can help cities build a sustainable path to violence reduction and community safety. We stand ready to support any such efforts. Thank you so much for allowing me to testify about this important issue, and I am happy to take any questions.

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