

Shots Fired

Reducing the Impact of Firearm Violence

Terry Richmond PhD, RN, FAAN
 Andrea B. Laporte Professor
 Associate Dean for Research & Innovation

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Acknowledgements

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 - Center for Public Health Interest (PI: Richmond)
 - Pennsylvania Commission on Crime & Delinquency (PI: Solomon)

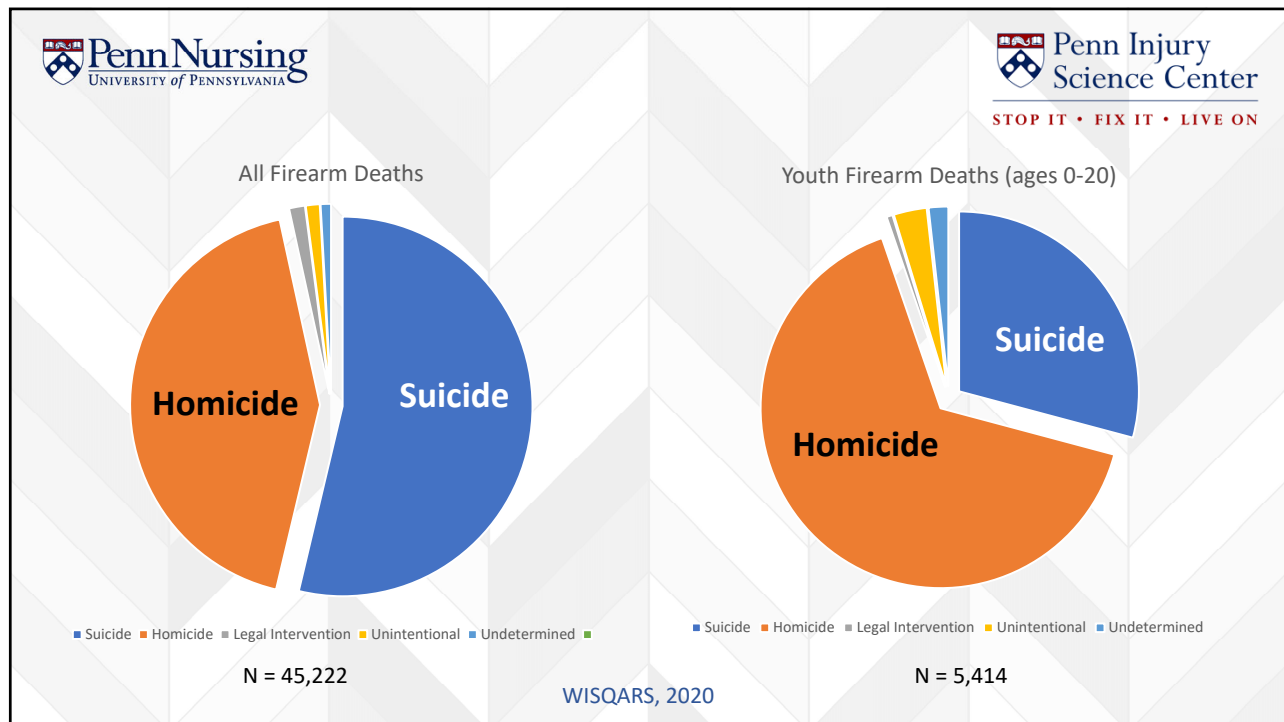
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- Firearm violence - #1 cause of death for children and adolescents in the US
- **Provisional 2021 data**
 - Firearm homicide rate - highest since 1993
 - Firearm suicide rate – highest since 1990

MMWR, October 7, 2022

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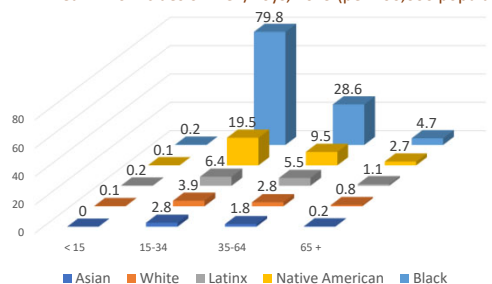
Beyond Band-Aids for Bullet Holes: Firearm Violence As a Public Health Priority

Elinore J. Kaufman, MD, MSHP^{1,2}; Therese S. Richmond, PhD, RN^{2,3}

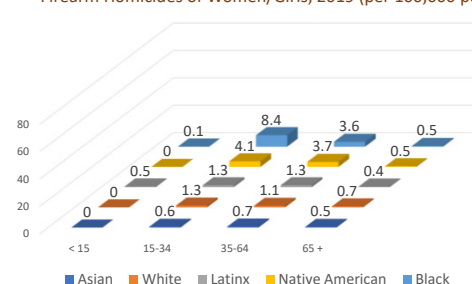
Critical Care Medicine

March 2020 • Volume 48 • Number 3

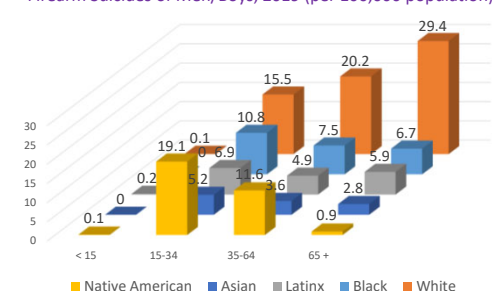
Firearm Homicides of Men/Boys, 2019 (per 100,000 population)



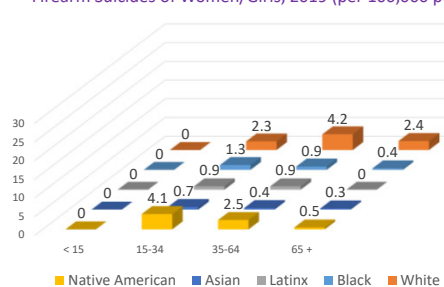
Firearm Homicides of Women/Girls, 2019 (per 100,000 population)



Firearm Suicides of Men/Boys, 2019 (per 100,000 population)



Firearm Suicides of Women/Girls, 2019 (per 100,000 population)



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**THE COST OF FIREARM DEATHS IN THE UNITED STATES:
REDUCED LIFE EXPECTANCIES AND INCREASED
INSURANCE COSTS**

Jean Lemaire

The Journal of Risk and Insurance, 2005, Vol. 72, No. 3, 359-374


- Life expectancy - 106.7 days
 - White males – 155.3 days
 - **Black males – 371 days**
 - White females – 32.1 days
 - Black females – 46.1 days

**Years of Life Lost Because of
Gunshot Injury to the Brain
and Spinal Cord**

Richmond TS, Lemaire J: Years of life lost because of gunshot injury to the brain and spinal cord. *Am J Phys Med Rehabil* 2008;87:609–618.

Category	All Men	White Men	Black Men
GSW	~180	~200	~420
Lung Cancer	~180	~200	~420
Colon Cancer	~180	~200	~420
Prostate Cancer	~180	~200	~420


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To date, there have been **409 homicides** in 2022, a 2% decrease from 2021.

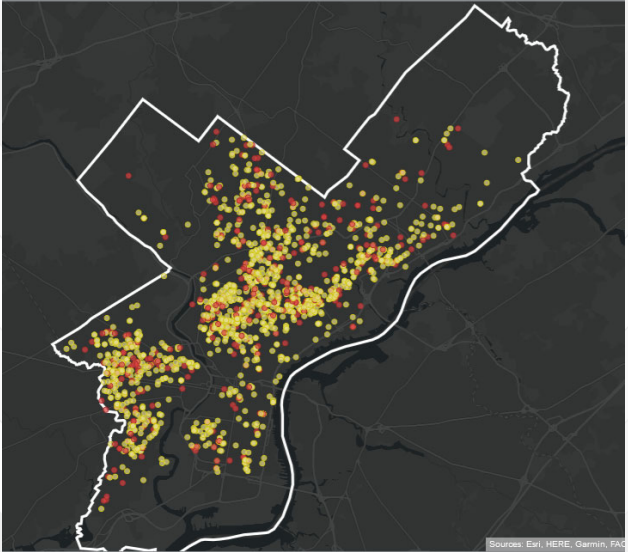
This app maps the victims of gun violence: **1,449 nonfatal** and **381 fatal** shooting victims as of Oct 3, 2022.

<https://controller.phila.gov/philadelphia-audits/mapping-gun-violence/#/?year=2022&map=10.67%2F40.00200%2F-75.10256>




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https://controller.phila.gov/philadelphia-audits/mapping-gun-violence/#/?year=2022&map=10.67%2F40.00200%2F-75.10256




Sources: Esri, HERE, Garmin, FA...

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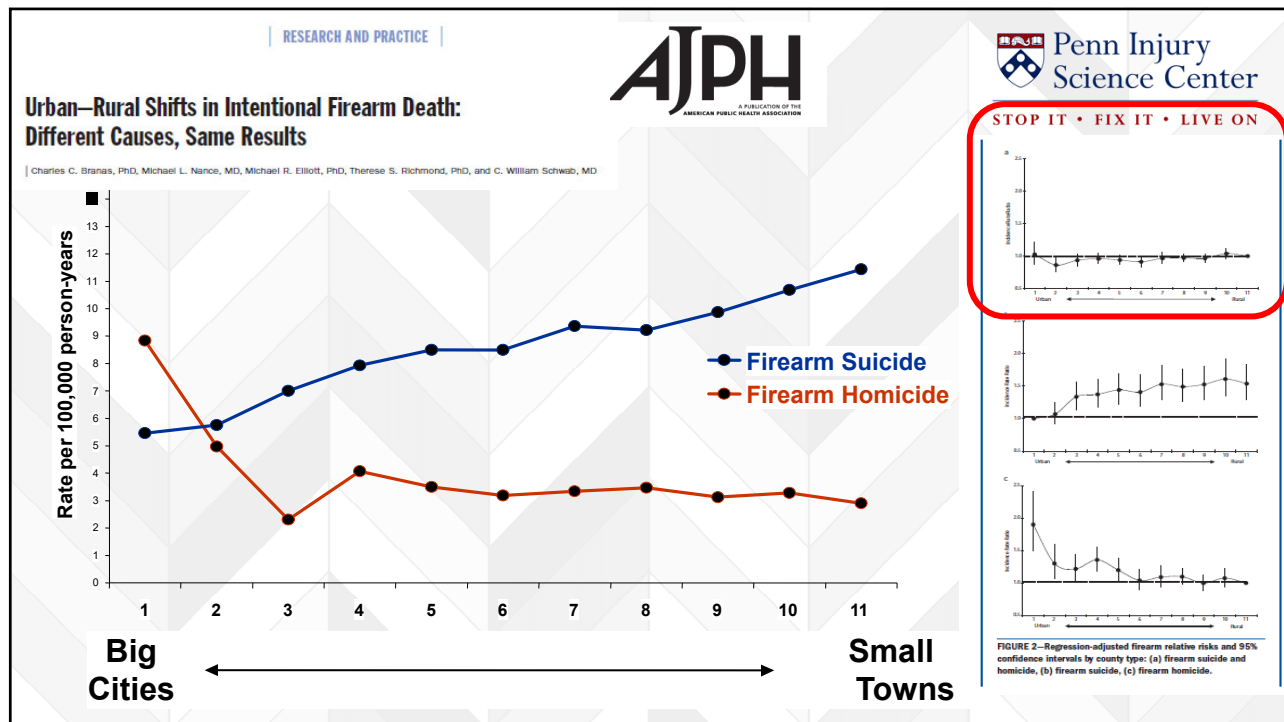




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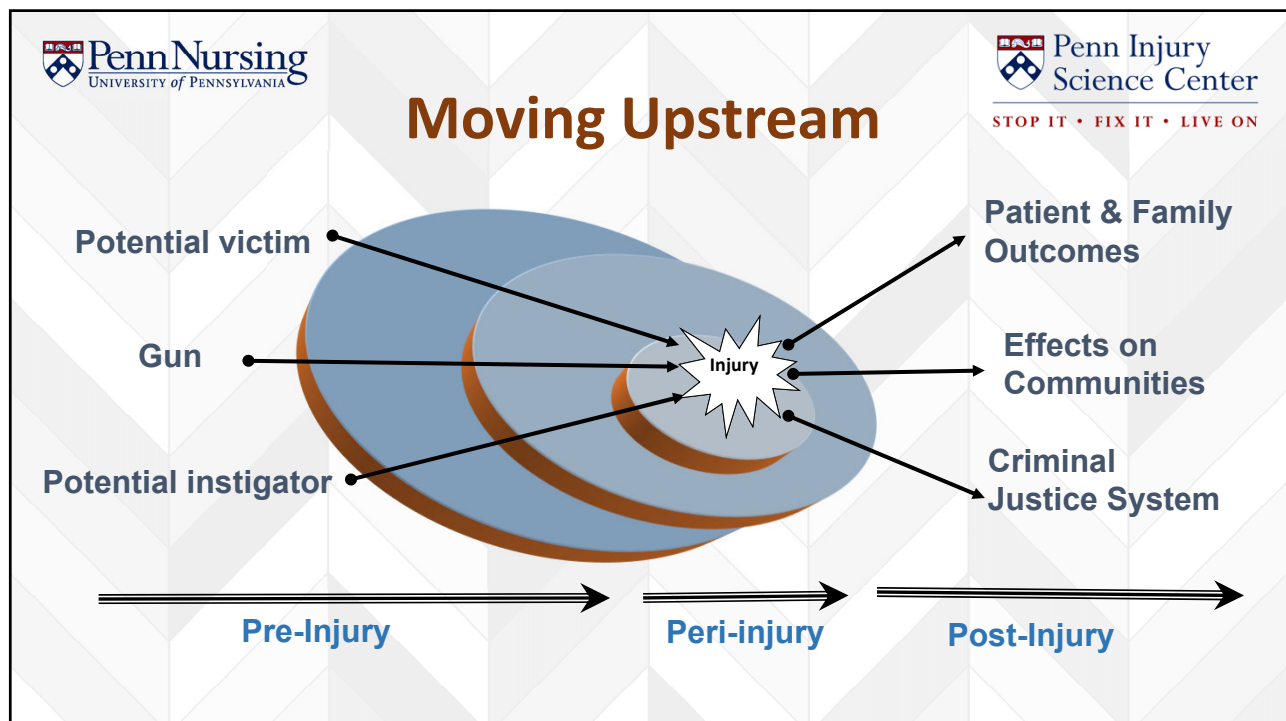
F I C A P

FIREARM & INJURY CENTER AT PENN

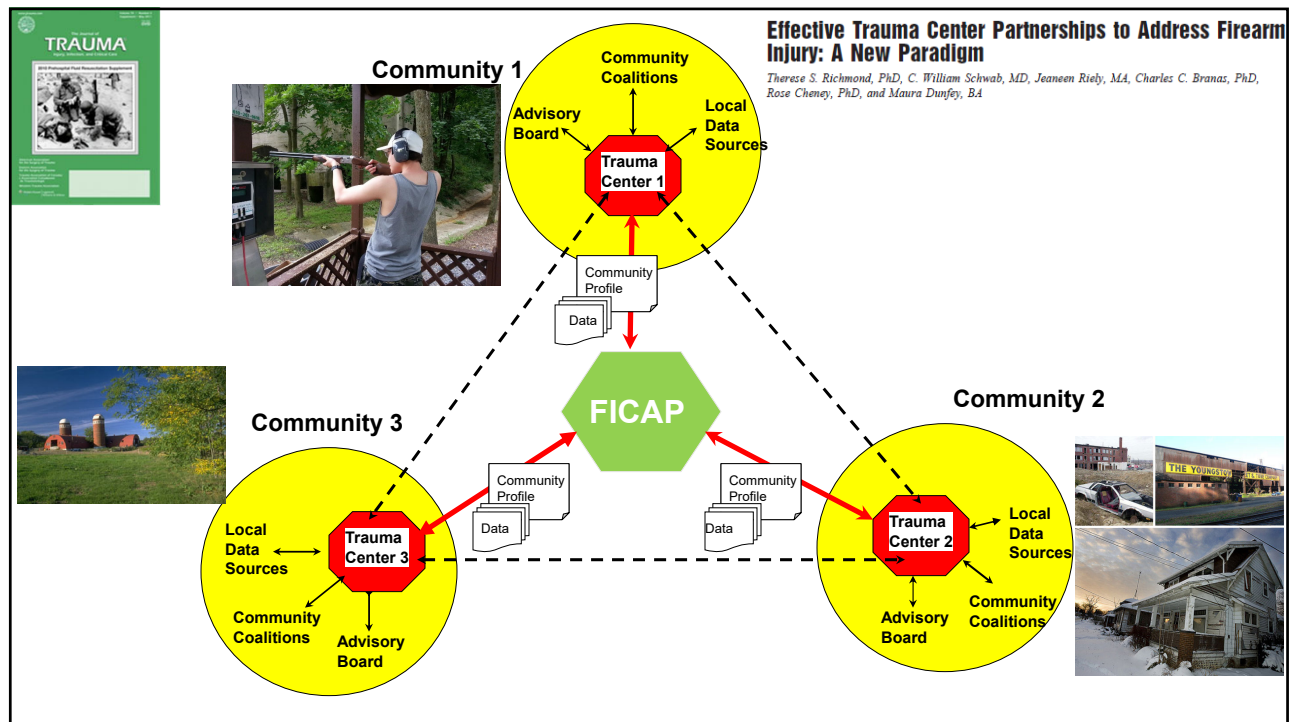
To create safer communities
through the systematic reduction
of firearm injury & its
repercussions to the individual,
family, & society

Founded in 1995

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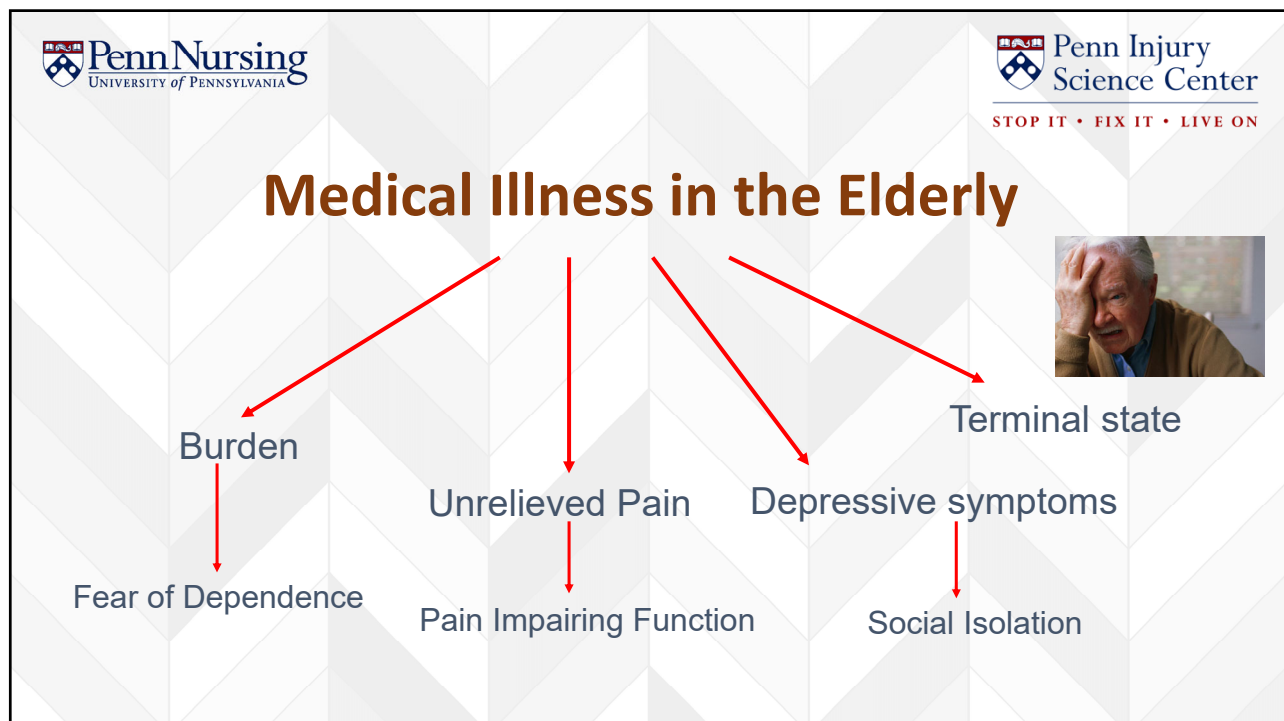
Pennsylvania Community

- Self-identified as gun-toting
- Self-identified gun homicide as their major problem
 - Drug-dealers
- Participated to get data to secure more law-enforcement money


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		Effective Trauma Center Partnerships to Address Firearm Injury: A New Paradigm <i>Therese S. Richmond, PhD, C. William Schwab, MD, Jeaneen Riely, MA, Charles C. Branas, PhD, Rose Cheney, PhD, and Maura Dunfee, BA</i>				
		Homicide			Suicide	
		PA n=56			PA n=189	
		2.02	12.5	1.08	6.82	6.58
Race						
White		1.36	2.92	0.84	6.96	6.8
Black		15.9	77.48	10.8	2.64	5.42
Gender /Male		3.26	21.86	1.58	12.24	13.16
Female		0.7	3.46	0.68	1.46	1.66


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The Journal of TRAUMA® Injury, Infection, and Critical Care

The Case for Enhanced Data Collection of Gun Type

Therese S. Richmond, PhD, CRNP, Charles C. Branas, PhD, Rose A. Cheney, PhD, and
C. William Schwab, MD

Background: National surveillance systems have differentiated long guns into rifles and shotguns but fail to do so for handgun type. We sought to determine whether specific gun type data could be collected and whether knowledge of specific gun types (rifle, shotgun, pistol, revolver) could be used to distinguish gun homicide victims with respect to important injury parameters such as number of wounds.

Methods: Data on gun fatalities over a 5-year period in three communities were abstracted from medical exam-

iner/coroner, police, and crime laboratory records.

Results: Gun type was obtained for 92% of 490 guns linked to 405 gun homicides. Handguns were associated with more wounds per gun than long guns ($p = 0.001$) and more entry wounds per gun than long guns ($p = 0.002$). Among handguns, pistols were associated with more wounds per gun ($p < 0.001$) and entry wounds per gun ($p = 0.001$) than revolvers. These same associations were not found among specific long gun types (i.e., rifles and shotguns).

Conclusion: Our findings demonstrate that information about gun type can be obtained and that significant differences exist in wounds per gun between long guns and handguns and between pistols and revolvers. Classification of long guns into rifles and shotguns and handguns into pistols and revolvers should be included in local, regional, and national data collection systems.


Key Words: Firearms, Handguns, Wounds, Surveillance, Injury, Mortality.

J Trauma. 2004;57:1356–1360.


“Provocative”

“Controversial”

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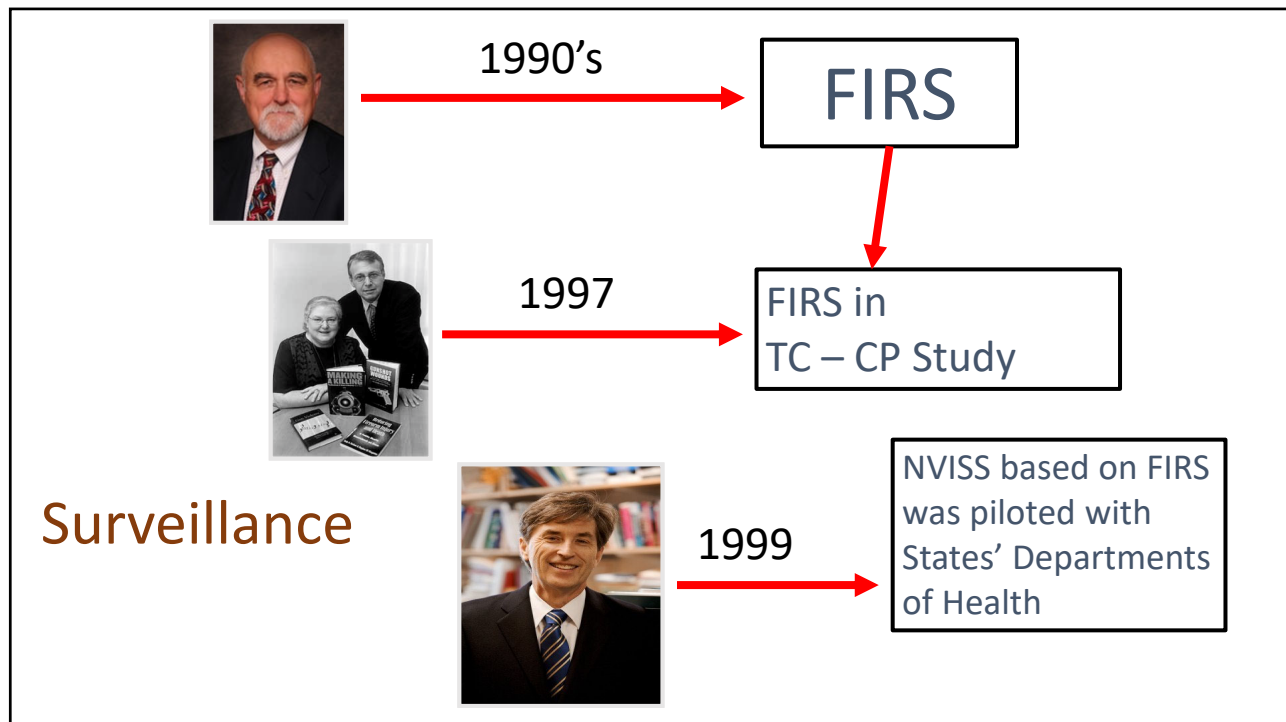
Research to drive change

National Violent Death Reporting System



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Tenacity & Teamwork



2001

“... CDC has worked ...to develop a model plan to implement a National Violent Death Reporting System that will enable State governments to understand more about the violence problem in their States. The Committee urges CDC to begin initial implementation of the plan and has provided funds for that purpose.”

“The Committee is aware of the progress made by the University of Pennsylvania, which sponsors injury reporting in Iowa and Ohio...”

(2002 Senate Appropriations Language)



2002

Congress made its first appropriation to the CDC for NVDRS, which was funded in 6 states.

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2014

Pennsylvania becomes a NVDRS state!



Therese Richmond Appointed to the State Advisory Board for the Violent Death Reporting System

Violence is recognized as an important public health issue around the world, and is the leading cause of death for people ages 15 to 44, according to the World Health Organization. Violence-related deaths and injuries cost the United States an estimated \$107 billion a year in medical care and lost productivity.

Data are a key foundation for the practice of violence prevention. In 2014, Pennsylvania joined the National Violent Death Reporting System (NVDRS), which links data from law enforcement, coroners and medical examiners, vital statistics and crime laboratories to obtain the most comprehensive data available on homicides and suicides, as well as unintentional firearm injuries.

Therese Richmond, PhD, FAAN, CRNP, Andrea B. Laporte Endowed Professor of Nursing, has been appointed to the Pennsylvania Department of Health advisory board for the Pennsylvania Violent Death Reporting System. She, along with a number of Penn colleagues, have spent more than a decade working with national and state legislators to help design and test the NVDRS and have it implemented in Pennsylvania.

2018




Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™


CDC's National Violent Death Reporting System now includes all 50 states

Press Release
For Immediate Release: Wednesday, September 5, 2018
Contact: [Media Relations](#)
 (404) 639-3286


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The global burden of non-conflict related firearm mortality

T S Richmond, R Cheney, C W Schwab



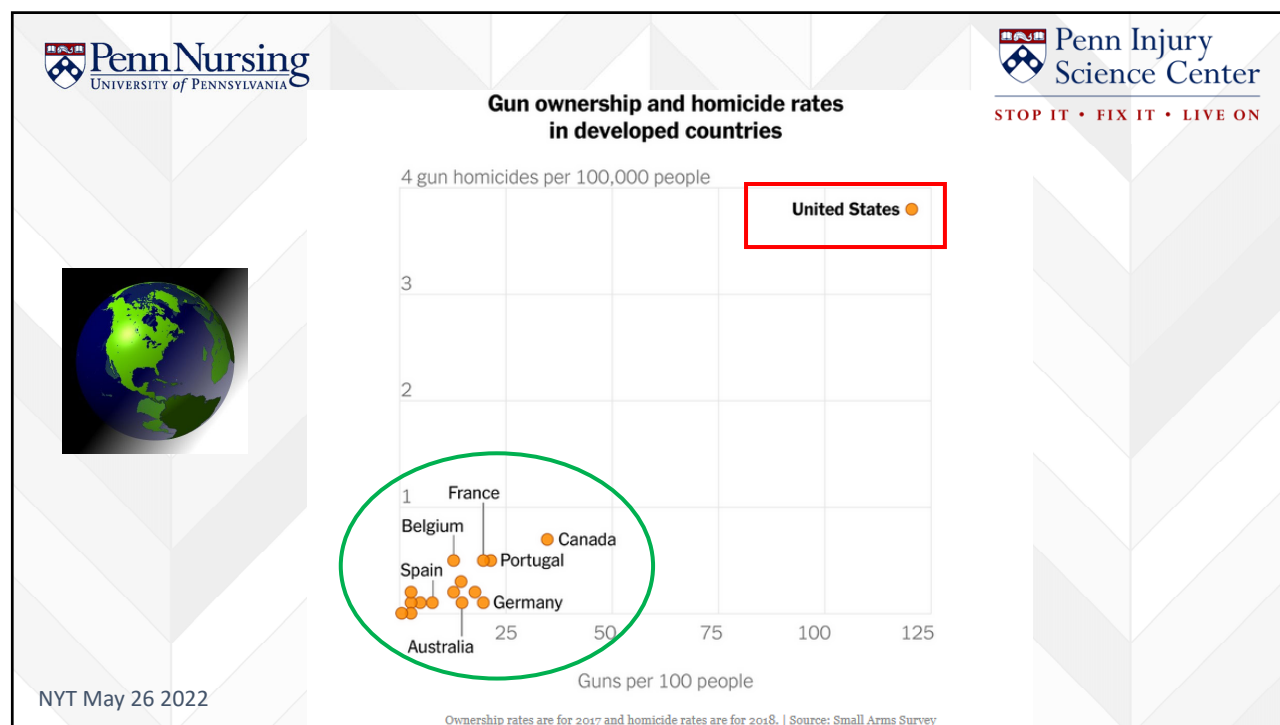
Top 6 of the most populous countries with firearm mortality data

Injury Prevention 2005;11:348–352. doi: 10.1136/ip.2005.008896



Country	Crude Firearm Death Rate/100,000	Reported FA deaths projected to year 2000 population
Colombia	51.89*	21,800
South Africa	27.0*	11,700
Brazil	26.7	45,500
Mexico	12.1*	12,000
<u>United States</u>	10.9	30,900
France	5.04	3,000

*Most likely underreported due to missing intent categories

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Investigating the Link Between Gun Possession and Gun Assault



Charles C. Branas, PhD, Therese S. Richmond, PhD, CRNP, Dennis P. Culhane, PhD, Thomas R. Ten Have, PhD, MPH, and Douglas J. Wiebe, PhD

Methods. We enrolled 677 case participants that had been shot in an assault and 684 population-based control participants within Philadelphia from 2003 to 2006. We adjusted odds ratios for confounding variables.

Results. After adjustment, individuals in possession of a gun were 4.46 ($P < .05$) times more likely to be shot in an assault than those not in possession. Among gun assaults where the victim had at least some chance to resist, this adjusted odds ratio increased to 5.45 ($P < .05$).

November 2009, Vol 99, No. 11 | American Journal of Public Health

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The Washington Times

HOME \ NEWS \ POLITICS

U.S. quietly begins to study gun safety

By Jim McElhatton - The Washington Times - Monday, October 19, 2009

The National Institutes of Health (NIH) also has been financing research to investigate whether having many liquor stores in a neighborhood puts people at greater risk of getting shot.

Such studies are coming under sharp scrutiny by Republican lawmakers who question whether the money could be better spent on biomedical research at a time of increasing competition for NIH funding. They're also leery of NIH research relating to firearms in general, recalling how 13 years ago the House voted to cut CDC funding when critics complained that the agency was trying to win public support for gun control.

"It's almost as if someone's been looking for a way to get this study done ever since the Centers for Disease Control was banned from doing it 10 years ago," Rep. Joe L. Barton, Texas Republican, said of one of the NIH studies. "But it doesn't make any more sense now than it did then."

"And yet we have trouble understanding the administration's desire to spend, for example, \$642,561 in taxpayer funds to learn how inner-city teenagers whose friends, acquaintances and peers carry firearms and drink alcohol on street corners could show up in emergency rooms with gunshot wounds.

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The NIH, which administers more than \$30 billion in taxpayer funds for medical research, defended the grants.

"Gun related violence is a public health problem - it diverts considerable health care resources away from other problems and, therefore, is of interest to NIH," Don Ralbovsky, NIH spokesman, wrote in an e-mail responding to questions about the grants.

"These particular grants do not address gun control; rather they deal with the surrounding web of circumstances involved in many violent crimes, especially how alcohol policy may reduce the public health burden from gun-related injury and death," he said.

Notice of Legislative Mandates in Effect for FY2012

Notice Number: **NOT-OD-12-034**

(11) Gun Control (Section 218)

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

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FEATURE

GUN VIOLENCE

Reviving research into US gun violence

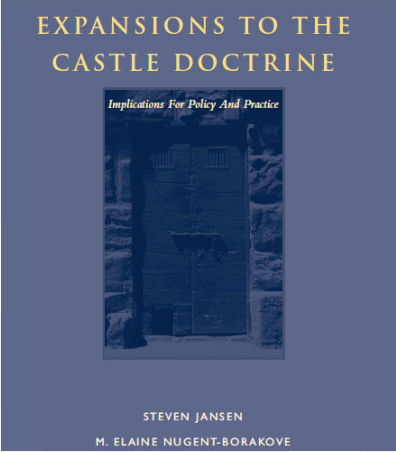
Michael McCarthy looks at whether events at Sandy Hook Elementary School are paving the way to reopen research into guns

Therese Richmond, a professor of nursing at the University of Pennsylvania and co-founder of the university's Firearm and Injury Center, said such concerns are misplaced.


Much can be done to reduce deaths and injury from firearms without confiscating guns by adopting the same public health approaches that dramatically reduced motor-vehicle deaths in the 1970s and 80s, she said.

"We didn't say cars are killing people; we didn't say get rid of cars," Richmond said, instead, public health approaches were used to change social norms around drinking and driving and seat-belt use and to improve car and road design. "Have we totally wiped out injury and death in the form of car crashes. No, but we have made significant inroads. Why can't we take that model and do that with gun violence?"

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EXPANSIONS TO THE CASTLE DOCTRINE
Implications For Policy And Practice
STEVEN JANSEN
M. ELAINE NUGENT-BORAKOVE



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Mathias Heck, Jr.
Prosecuting Attorney and NDAA Chairman of the Board
Past President of NDAA (2006-2007)
Montgomery County Prosecutor's office
Dayton, OH

Paul Howard
District Attorney
Fulton County
Atlanta, GA

Scott Knight
Chief of Police
Chaska Police Department
Chaska, MN

Russell B. Latne
Chief of Police
2nd Vice President for IACP
Algonquin Police Department
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Paul Logli
State's Attorney
Past President of NDAA (2005-2006)
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Assistant State's Attorney
Cook County State Attorney's Office
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Matt Miller, Ph.D.
Professor
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Harvard School of Public Health
Boston, MA


Therese S. Richmond, PhD, FAAN, CRNP
Research Director, Firearm & Injury Center at Penn
Associate Professor, School of Nursing
University of Pennsylvania
Philadelphia, PA

Ted Martin Vick
Member of the House of Representatives
Democratic Whip
Columbia, SC

Kym Worthy
Prosecuting Attorney
Wayne County
Detroit, MI

"It happened very, very quickly, in rapid succession," said Jeannie Suk, a Harvard law professor who has written extensively about self-defense and criminal law. "The National Rifle Association at the time stated its intention to do it in Florida and then use it as a jumping-off point for a sweeping change in self-defense law across the country. They were not at all shy or apologetic about that. This was the goal."

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<div style="display: flex; align-items: center;">  <div> <h2>A safe haven for the injured? Urban trauma care at the intersection of healthcare, law enforcement, and race</h2> <p>Sara F. Jacoby, PhD, MPH, MSN ^{a, b}, Therese S. Richmond, PhD, CRNP ^b, Daniel N. Holena, MD, MSCE ^a, Elinore J. Kaufman, MD, MSHP ^{c, *}</p> </div> </div>	
Theme	Quotes
Police: injury scene	...They ask you so many questions at the time. I'm trying to let them know that I couldn't talk, I'm getting ready to die.
Police: transport	[Positive] On arrival to the hospital the police "shook my hand , said 'all right man. We was by your side the whole time'. [Negative] The way they handled my body...handle a person. It was real disrespectful even though they are there to save lives...they way they toss you like you're a piece of trash.
Expectations of the police role	Bystanders called it in as a shooting. That's the only way you can get them to come fast. Someone has been shot, somebody out here shooting...so that's the things you know living in the city – in certain parts of the city. [motorcycle crash]
Police: ED	Doctor sitting there trying to operate on me and the detective is coming around them...Do you know who did this to you? Know his name? ...I could hardly breathe...
Police: after hospital admission	A nurse was about to hang my pain medication and the detective was like 'please leave, I'm about to interview him.' I'm sitting here like, I need that. That's my medication. I'm in pain right now.

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When Health Care & Law Enforcement Intersect in Trauma Care, What Rules Apply?

HealthAffairs

HEALTH AFFAIRS BLOG

- Policies that guide law enforcement activity should make **patient health** the first priority
- **Patients' rights** are the next priority
- Health care providers are not legal experts but are responsible to protect patients' health and rights and should be **educated about guiding policies & feel empowered to step in as needed**

Jacoby, Kaufman, Richmond, Holena. 2018. *Health Affairs Blog*

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Burden of firearm violence on the community

Why is it important?

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Firearm Violence

- Determinant of health & well-being
 - Individuals & communities
 - Society as a whole
 - Health system
- Inextricably tied to race & inequity
 - Poverty & poor housing
 - Limited access to healthy food & educational opportunities
 - Lack of safe places to work, live, play, walk, socialize


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Shots Fired Injured But Not Shot

Table 1 Community violence exposure percentages by type

Type of CVE	<i>n</i> (%)
<i>Total CVE</i>	102 (97%)
Hearing about	103 (95%)
Hearing about stranger	102 (93%)
Hearing about familiar	102 (93%)
Witnessing	95 (87%)
Witnessed stranger	84 (77%)
Witnessed familiar	85 (78%)
Direct victimization	58 (54%)
Never been victimized	50 (46%)
Victimized once	17 (16%)
Repeated victimization (≥ 2 times)	41 (38%)

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ARTICLE

YOUTH'S STRATEGIES FOR STAYING SAFE AND COPING WITH THE STRESS OF LIVING IN VIOLENT COMMUNITIES


Anne Teitelman and Catherine C. McDonald
University of Pennsylvania, School of Nursing

Douglas J. Wiebe
University of Pennsylvania, School of Medicine


Nicole Thomas and Terry Guerra
Philadelphia Area Research Community Coalition

Nancy Kassam-Adams
Children's Hospital of Philadelphia, Center for Injury Research & Prevention

Therese S. Richmond
University of Pennsylvania, School of Nursing



WILEY




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S3: Yes. They was like, actually like shooting past me. One was standing down the street and the other one was standing up the street and they was actually like firing back and forth. Like it was fires shot back and forth. I was shocked. I had the trash in my hand 'cause I was putting it out, and I was just shocked. I couldn't move or nothing 'cause I couldn't believe that it was happening.

S1: The swimming pool area is fine. Um, in the summertime a lot of kids go there just to swim, to cool off. Um, the basketball part for the most part is all right. Um, just late at night, is when the games going on, little fights break out, just a few times, a couple shootings happened, um. The playground, it's fun for the little kids... And the football field, it's just it helps the kids out. That's where they go to stop being around the bad people they hang with and everything... It's pretty good.

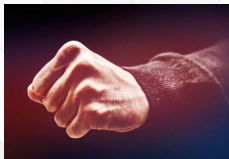
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Impact on Youth




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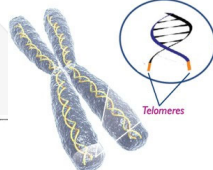
Increased risk of violent offending¹



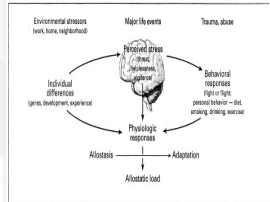
Poorer Academic Performance



Increased depression, suicidal ideation, suicide attempts²



Shorter telomeres³



Increased Allostatic Load³

¹Nofziger & Kurtz. (2005). *J of Research in Crime & Delinquency*. ²Lambert et al. (2008). *J Adolescent Health*.
³Theall et al. (2016). *JAMA Pediatrics*

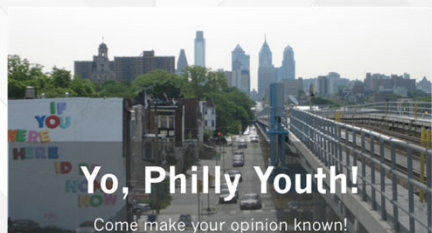
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Partner with Communities

- Gun violence in communities
 - Even in violent neighborhoods kids had significant assets
 - Kids were also stressed
- Community
 - Tell us what you found
 - Don't just tell us what's bad
 - Tell us what we can do to improve kids' positive development

- It SHOULD be
 - Owned by the community
 - Easily accessible
 - Relevant to the audiences
 - Make recommendations that are evidence based
 - Real

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The Philadelphia Collaborative Violence Prevention Center invites you to share your thoughts on ways to use comics and digital art to show how our communities are positive and healthy.....
COME JOIN our focus groups!

For Youth Aged 14-16:
Tuesday, June 1, 2010, 4:30 – 5:30pm
Christy Recreation Center
728 South 55th Street (between Catharine & Webster Streets)

For Youth Aged 10-13:
Wednesday, June 2, 2010, 4:30 – 5:30pm
Christy Recreation Center
728 South 55th Street (between Catharine & Webster Streets)

Prior registration is required. Participants will receive a FREE movie pass and 2 SEPTA tokens to cover transportation. Food will be served.

To REGISTER or for more information. 215-573-4729

- Preferred visual media & messages
 - Humorous
 - Realistic about them
 - Realistic about their neighborhoods
- Prioritized data/stories to be developed
- Animation

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- Realistic scripts
- Casting
- Community ownership
- Voice-overs
- Unveiling – the Academy Awards of West Philadelphia









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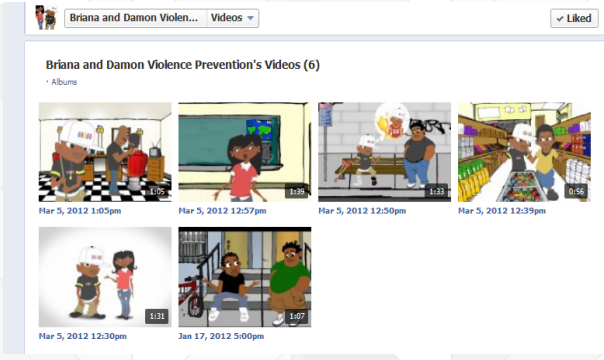
Am J Community Psychol (2013) 51:30–42
DOI 10.1007/s10464-012-9498-6


ORIGINAL PAPER

Digital Animation as a Method to Disseminate Research Findings to the Community Using a Community-Based Participatory Approach

Nicole A. Vaughn · Sara F. Jacoby ·
Thalia Williams · Terry Guerra · Nicole A. Thomas ·
Therese S. Richmond







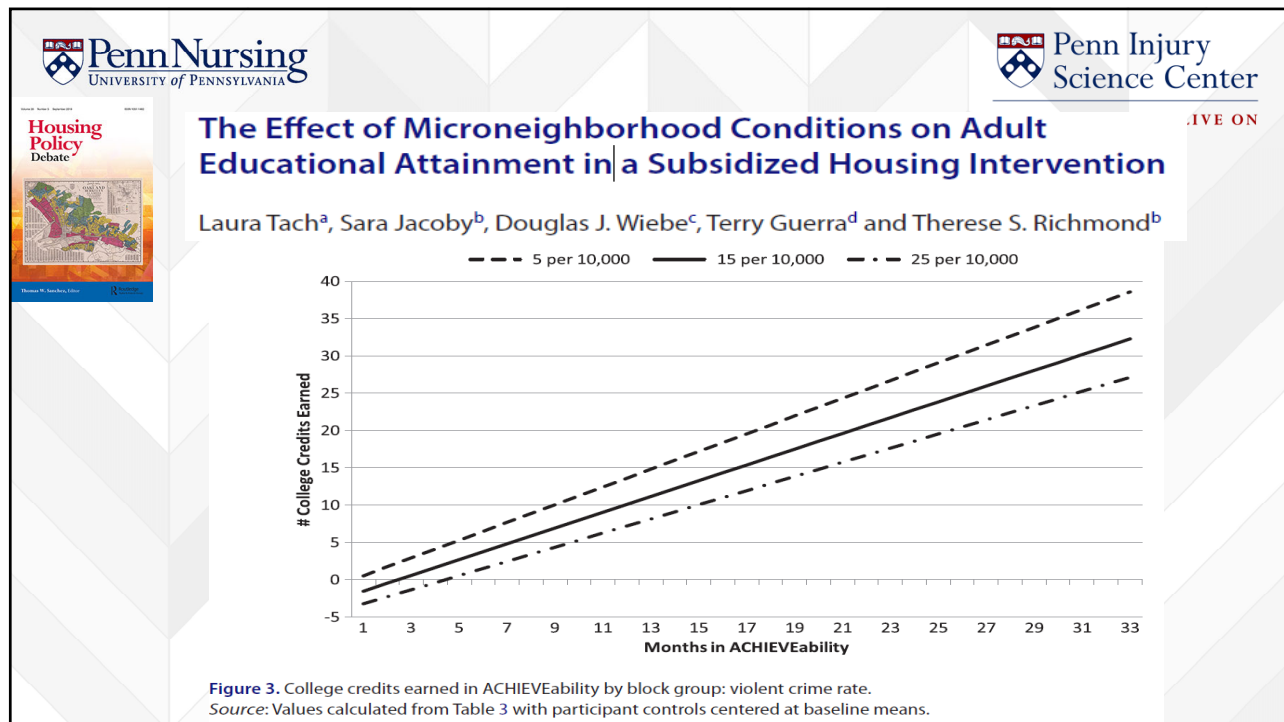
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 <p><i>Kellie B., age 12</i></p> <h3>Know who you are.</h3> <p>Know who your friends are and know who you want to become.</p> <p>PCVPC Philadelphia Collaborative Violence Prevention Center</p> <p>CH The Children's Hospital of Philadelphia 3535 Market St., Suite 1150 Philadelphia, Pa. 19104 pcvpc@email.chop.edu • 215-590-3118 www.phillyviolenceprevention.org</p> <p><small>©2011 The Children's Hospital of Philadelphia. All Rights Reserved. 4550NPR02.11</small></p>	 <h3>Good friends matter.</h3> <p>Choose your friends wisely. Hang out with friends who are doing positive things in their school, community and with their family.</p> <p>PCVPC Philadelphia Collaborative Violence Prevention Center</p> <p>CH The Children's Hospital of Philadelphia 3535 Market St., Suite 1150 Philadelphia, Pa. 19104 pcvpc@email.chop.edu • 215-590-3118 www.phillyviolenceprevention.org</p> <p><small>©2011 The Children's Hospital of Philadelphia. All Rights Reserved. 4550NPR02.11</small></p>	 <p><i>Suzie D., age 14</i></p> <h3>Be a positive role model.</h3> <p>Children and youth learn by your example, not just by what you tell them. Be fair and respectful in all you do.</p> <p>PCVPC Philadelphia Collaborative Violence Prevention Center</p> <p>CH The Children's Hospital of Philadelphia 3535 Market St., Suite 1150 Philadelphia, Pa. 19104 pcvpc@email.chop.edu • 215-590-3118 www.phillyviolenceprevention.org</p> <p><small>©2011 The Children's Hospital of Philadelphia. All Rights Reserved. 4550NPR02.11</small></p>	 <p><i>Kellie B., age 12</i></p> <h3>Young people still need support after violence happens.</h3> <p>Be there for them, spend more time with them, and listen if they want to talk about their feelings or worries.</p> <p>PCVPC Philadelphia Collaborative Violence Prevention Center</p> <p>CH The Children's Hospital of Philadelphia 3535 Market St., Suite 1150 Philadelphia, Pa. 19104 pcvpc@email.chop.edu • 215-590-3118 www.phillyviolenceprevention.org</p> <p><small>©2011 The Children's Hospital of Philadelphia. All Rights Reserved. 4550NPR02.11</small></p>	 <p><i>Barbara H., age 16</i></p> <h3>Young people have a lot to offer, if you let them.</h3> <p>Help connect them to businesses and organizations that will value their energy, vision and potential.</p> <p>PCVPC Philadelphia Collaborative Violence Prevention Center</p> <p>CH The Children's Hospital of Philadelphia 3535 Market St., Suite 1150 Philadelphia, Pa. 19104 pcvpc@email.chop.edu • 215-590-3118 www.phillyviolenceprevention.org</p> <p><small>©2011 The Children's Hospital of Philadelphia. All Rights Reserved. 4550NPR02.11</small></p>
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	<h2>Place Matters</h2> <h3>A Tale of Two Cities</h3>	 <p>STOP IT • FIX IT • LIVE ON</p>
		

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But the University of Pennsylvania researchers interpret their study differently. Sure, it would help to move subsidized housing units to wealthier, safer neighborhoods. But that's not practical, and would only make bad neighborhoods worse, says Therese Richmond, a professor of nursing and one of the report's authors. She says a better policy solution would be to focus on improving what she and her colleagues call microneighborhoods.


“There is a potential that we can change people’s lives block, by block, by block,” says Richmond. “The microneighborhood liberates people to say, ‘Hey, we can do something within a small space,’ so it empowers people who live within these environments.”

Neighborhoods Can Shape Success—Down to the Level of a City Block
A small but intriguing study done in West Philadelphia points to the importance of what researchers call microenvironments.
ALEXIA FERNÁNDEZ CAMPBELL | MAY 23, 2016 | BUSINESS

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Housing Policy Debate - The ACHIEVEability Model Works

"Our findings suggest that the ACHIEVEability model does work in helping to promote self-sufficiency," said University of Pennsylvania School of Nursing's Therese S. Richmond, PhD, FAAN, CRNP, the Andrea B. Laporte Professor of Nursing, and Associate Dean for Research and Innovation.




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SCHOOL of NURSING

Housing Policy Debate recently published a study on the effect micro-neighborhood conditions have on adult educational attainment in subsidized housing. Dr. Richmond served as the study's senior author.

For this study, the researchers were interested in knowing if the location of subsidized housing had any impact on whether or not its residents were able to accrue educational credits. "The results suggest that the micro environments immediately surrounding residents of subsidized housing do matter. Making even modest improvements in the blocks on which affordable housing units are located could have a major impact on the pace at which residents make educational progress," said Dr. Richmond.


[Please click on this link for the entire article.](#)





Penn Injury Science Center

STOP IT • FIX IT • LIVE ON



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Penn Injury Science Center
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Penn Medicine

COMMUNITY VIOLENCE INTERVENTION HUB (CVIH)

Bringing together university, community, and government partners for **solutions to gun violence that work...**



STOP IT

Making environments safer
greener, cleaner, housing repairs, and safe gun storage



FIX IT

Improving care & interrupting violence
faster hospital transport, innovative treatment methods, and hospital-based support for holistic healing



LIVE ON

Restoring lives & communities
treating the lasting physical, social, & mental effects of violence that are often unaddressed

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The Phight Network



STOP IT • FIX IT • LIVE ON











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Prevention Pioneers at Penn




STOP IT • FIX IT • LIVE ON

A new team puts Penn in position to have a direct impact on the community violence that is plaguing Philadelphia. The collaboration between the Penn Injury Science Center and Penn Trauma has the potential to save lives.

The Penn Community Violence Prevention (PCVP) team will provide trauma-informed violence interruption and street outreach/community engagement to young adults and adults in West and Southwest Philadelphia, with the goal to **stop it** before it happens, **fix it** before it gets worse, and help individuals and communities **live on** to see the next chapter of Philadelphia without gun violence...

Meet the Outreach Team



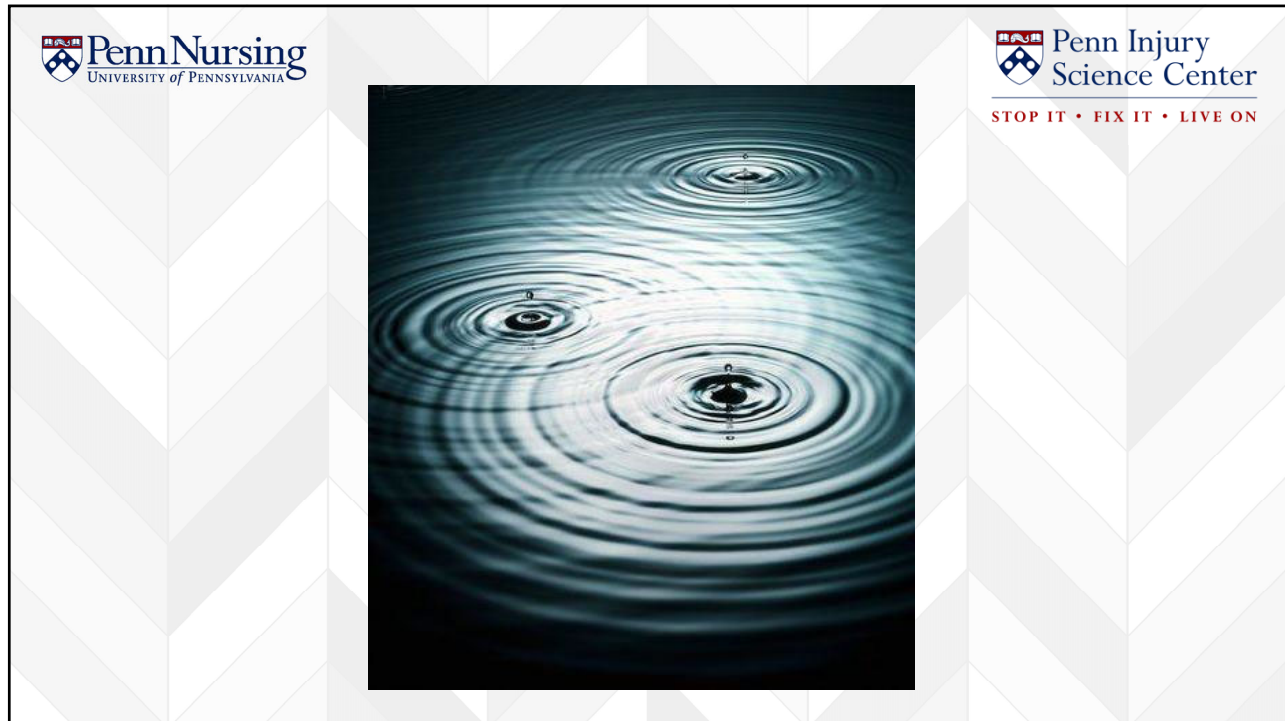
Andre Ali Martin

Outreach Worker / Violence Interrupter

Andre was born and raised in the housing projects of South Philly and is active in anti-violence activism. His guiding principles are friendship and loyalty, and he lives by the golden rule: treat everybody the way you would want to be treated.

"Muhammad Ali once said, *service to others is the rent that we pay on this Earth. That is what I strive to do, be of service to others.*"

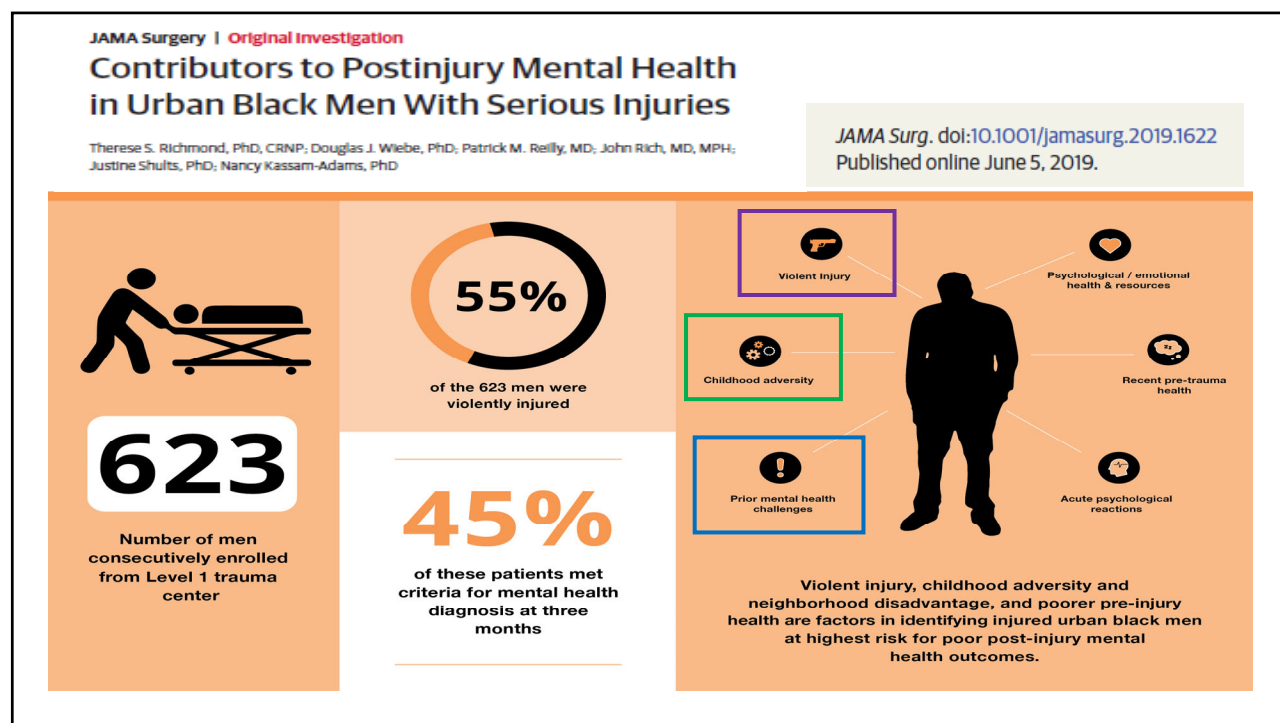
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Penn Injury Science Center
STOP IT • FIX IT • LIVE ON

Injury

Emotional responses to unintentional and intentional traumatic injuries among urban black men: A qualitative study

Tammy Jiang^a, Jessica L. Webster^b, Andrew Robinson^b, Nancy Kassam-Adams^c, Therese S. Richmond^{d,*}

I wake up and like have anxiety attacks in the middle of night.
I just be thinking about it.
My mind is going to a thousand and one places.

TRUST

Not knowing who did it. Or where it came from. To prevent it from happening again... Where is it coming from? Who did this? And is it somebody that's right next to me every day? Is it somebody I work with? Is it somebody who lives next door to us?

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'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia

ETHNICITY & HEALTH, 2018
<https://doi.org/10.1080/13557858.2018.1455811>

Sara F. Jacoby, John A. Rich, Jessica L. Webster & Therese S. Richmond



STOP IT • FIX IT • LIVE ON

I don't want to end up in a strait jacket.
 Or someone telling me I'm crazy....
 That I'm a harm to myself or others.
 Because I'm not.


I don't know who to talk to.
 Tell me which way to go.
 How to get counseling.





They would look at me and say I'm crazy or stupid or... just like I don't matter.


They just don't have compassion for people. It's just poor service.

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<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div> <h2>Seriously Injured Urban Black Men's Perceptions of Clinical Research Participation</h2> <p>Marta M. Bruce¹ • Connie M. Ulrich¹ • Nancy Kassam-Adams² • Therese S. Richmond¹</p> </div> </div>	
Human connection	Bottled up, let it out, talk to someone, tell my story, share my story, share my experiences, express myself, good to tell someone about it, let you know how I felt
Altruism/community	to help, my community [family, other victims, other people, others in this situation, other crime victims, others who have been through this], pass it forward, for future research
Self-improvement	heal, recovery, improve myself, get better, change, grow
Gaining knowledge	understand [learn, discover] about injuries [wounds, brains], how do wounds heal, how do brains recover, learn about research studies
Compensation	gift card, groceries, money, assistance, financial
Reciprocity	because you were nice [kind, pleasant] to me, because you [the study, the research] helped me
Low risk	no harm in it, could not hurt, I would not do [needles, medicines, drugs, procedures, tests, experiments] but I would do this again [answer questions, talk to researcher, participate in a study]

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STOP IT • FIX IT • LIVE ON


Break Down the Silos

“We are remiss if we do not address acute psychological responses with the same steely resolve that we address airway, breathing, and circulation. No longer can psychological assessment be viewed as a ‘nice add-on.’ It must be integrated into the very essence of trauma care if we are to improve the outcomes of survivors of serious injury.”

Richmond TS. (2005). Editorial commentary. *J Trauma*, 59, 1335.

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STOP IT • FIX IT • LIVE ON


Universal precautions means

Observing “Universal Precautions” means you consider all human blood and certain human fluids infectious for all blood borne pathogens.



Universal Precautions means

Observing “Universal Precautions” means you consider all individuals to have experienced trauma in the distant or recent past.



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What Can You Do

- **S**eparate facts from opinions
- **P**artner with others
- **E**ducate yourself, your peers, your community & leaders
- **A**dvocate that the goal is to keep people safe
- **K**now how you will evaluate all interventions

- **U**nite on common ground & be inclusive of divergent views
- **P**rovide opportunities for youth

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terryr@nursing.upenn.edu

<http://www.penninjuryscience.org>

STOP IT.

Preventing Injury
& Violence

FIX IT.

Right Place
Right Time

LIVE ON.

Restoring Lives
& Communities

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