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A VOTE FOR HEALTH: PREVENTING VIOLENCE
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>> SANDRO GALEA: Good afternoon, everybody, good morning, evening depending where you are I and I have the privilege of serving as Dean of the Boston University School of Public Health. On behalf of our school, welcome to today's Public Health Conversation.

These Conversations are meant as spaces where we come together to

discuss the ideas that shape a healthier world. Through a process of discussion, debate, and the generative exchange of ideas, we aim to sharpen our approach to building such a world. Guided by our speakers, we work towards a deeper understanding of what matters most to the creation of healthy populations. Thank you to the many who helped make this event possible. Thanks, in particular, to the Dean's Office and the communications team, without whose efforts these conversations would not take place. Today's event is part of our fall series, "A Vote for Health," where we welcome speakers who will guide our thoughts on issues of consequence for health and the federal election. Today, we will discuss the intersection of the 2024 election and the work of violence prevention.

We will engage with the causes and consequences of violence in our society and discuss steps we can take to prevent violence in communities. I look forward to learning from our speakers as we discuss this topic. I am now pleased to introduce today's

moderator Nicholas St. Fleur is a general assignment reporter, associate editorial director of events and host of STAT's health equity podcast, Color Code. He covers the intersection of race, medicine and the life sciences. Nicholas won the 2021 Evert Clark/Seth Payne Award for Young Science Journalists and was a winner of the 2023 June L. Biedler Prize for Cancer Journalism.

He came to STAT as a Knight-Wallace Reporting Fellow in 2020. Prior to joining STAT, he was a freelance science journalist in the San Francisco Bay Area covering archaeology, paleontology, space, and other curiosities of the cosmos. He previously worked for The New York Times and The Atlantic. Nicholas received a B.S. in biology from Cornell University and is a graduate of the Science Communication Program at the University of California, Santa Cruz. Over to you, Nicholas. >> Thank you, Dean Galea, for that introduction. It is my pleasure to be moderating today's discussion. As you know this is A Vote for Health, preventing violence. I now have the privilege of introducing today's speakers. First, we will hear from Apryl Alexander. Dr. Alexander is the Metrolina Distinguished Scholar in Health and Public Policy at UNC Charlotte. She also serves as Director of the UNC Charlotte Violence Prevention Center. Dr. Alexander's research and clinical work focus on violence and victimization, human sexuality, and trauma-informed and culturally informed practice.

Then we will turn to Ashley Brooks-Russell. Dr. Brooks-Russell is an associate professor at the Colorado School of Public Health and is the director of the Injury & Violence Prevention Center. Her research interests include adolescent health with a focus on preventing injury outcomes such as violence and suicide prevention, as well as the prevention of impaired driving. Third, we will hear from Shannon Frattaroli. Dr. Frattaroli is the Director of the Center for Injury Research and Policy and Professor at the Johns Hopkins Bloomberg School of Public Health.

Her research interests include understanding the role of policy in improving the health of populations, with particular attention to the implementation of public health policies and the role of advocacy and communities in the policy process. Current projects include: addressing the opioid epidemic through innovative injury prevention approaches, understanding residential sprinkler policies as a strategy for preventing house fire death and injury, and maximizing the revolution in auto safety currently underway with the advances in automation and safe systems design. Finally, we will turn to Jeff R. Temple. Dr. Temple is a professor, licensed psychologist, and the Associate Dean for Clinical Research at the School of Behavioral Health Sciences at the University of Texas Health

Science Center in Houston, where he also holds the Betty and Rose Pfefferbaum Chair in Child Mass Trauma and Resilience. As the Founding Director of the Center for Violence Prevention at the UT Medical Branch, his research focuses on the prevention of interpersonal and community violence, including firearm violence. As a reminder for our audience, following individual presentations, we will turn to a moderated group discussion. When One of the things I love to do is incorporate your questions into the discussion.

Throughout the presentations if you have questions, please write them into Zoom's Q and A function and I will try my best to get it asked. Please don't wait until the last moment to put your questions in. If you have a good question, and sometimes the best questions come from you all in the audience, write it in as soon as it comes to your mind and I will see it during the conversation and I will ask it to our panelists here. Now, to start things off I will turn over to Dr. Alexander. You have the stage.

>> APRYL ALEXANDER: Thank you so much, Nicholas, and thank you so much to Boston University School of Public Health for hosting this forum.

It's so important at this particular time as we approach the election to be having conversations about preventing violence. For me, I want to take the lens of taking a vote to end gender-based violence. My philosophy and the philosophy of my center is violence is preventable.

So we want to talk about the ways in which we can advocate for ending gender-based violence. Not only is this important to me because of the work that I do, I just want to center that it is domestic violence awareness month. We know approximately 40% of women and 20% of men have faced some form of domestic violence in their lifetime. So not only is this an important time to think about bringing awareness to those stats, but awareness also has to shift to action. And that's what we are all here for today is to think about how we can take action in domestic violence.

I want to give some frame about gender-based violence. In recent years we have been talking about the COVID-19 pandemic, but a lot of scholars and activists have talked about gender-based violence being a pandemic given the pervasiveness across the globe. When we are talked about gender-based violence we are talking about violence directed to toward an individual or group.

We do think about the traditional kind of topics of violence related to physical abuse, sexual abuse, verbal abuse, psychological, but gender-based violence also incorporated marital rape, discussions of sex trafficking, dowries, female

gender mutilation. All forms that affect different groups based off of their gender or sex.

I introduced ourselves to thinking about the stat on domestic violence. But a book written by one of my colleagues talks about every 90 seconds. As you look at these stats here reflecting on the frequency of gender-based violence particularly in the United States. Recognizing that every 90 seconds a woman is sexually assaulted. One in five women are sexually assaulted while on a college campus.

We know that violence is pervasive and for us challenging ourselves to think about how do we end this. There have been politicians lately who said, well, violence is inevitable, and I don't believe that. We need to be thinking about the ways in which we can acknowledge the stats and think about the consequences, which are lifelong.

If we look at the CDC's conceptualization as well as some federal work from the White House, we know that gender-based violence has long lasting impacts on physical wellbeing and mental health. We know that gender-based violence can result in physical injury such as traumatic brain injury, disability, and sexual health problems.

When we are talking about things like the maternal mortality rate in the United States. Gender-based violence is one of those precipitating events. When we look at things like chronic disease and how it impacts us in our wellbeing over the life course and early mortality, gender-based violence, again, it one of those factors.

So if we are thinking about holistic health and wellbeing, gender-based violence is one of those things we have to address. We have had a lot of conversations of the public discourse about this for years. We have talked about the adverse childhood services survey and how it has resulted in kind of getting us to think about the short term and long consequences of those adverse childhood events. We know that the adverse childhood events can lead into adult into thinking about the impact that violence is having on our wellbeing.

So how do we get to policy? If we know this is a pervasive problem across the globe, we need to be thinking about policies that can help change the trajectory we are seeing.

So one this year we are recognizing that it's the 30th anniversary of the Violence Against Women Act. This act was initially created to provide funding to communities to address issues related to gender-based violence. This brought awareness about the backlog of rape kits, the need to have harsher prosecution for individuals who commit sexual violence and more importantly brought a lot of community-based resources to victims and survivors of the violence. So a lot of what came is

providing resources for physical health, mental health, providing resources to continue on in their lives and find healing.

With each iteration of VAWA that will have to be reauthorization. So I went to the White House back in 2019 to talk about the need to reauthorize the Violence Against Women Act. Even though this Act has had such big impact, there is still a long way to go. We have to ensure that the services remain intact to help victims and survivors and for me, going to the Whitehouse to talk about the lens that we need to take in order to engage in prevention. If we are thinking about prevention and violence, we need to concentrate on factors that help and aid on preventing violence. And we will be talking about that with the speakers today with examples of violence prevention.

Also with the Violence Against Women Act it has centered issues related to intersectionality and minoritized populations. So in recent years we have gained a bigger awareness of missing and murdered indigenous persons movement. Thinking about indigenous individuals who go missing or are found murdered without justice, without searches being done for finding these individuals.

We have also had a rise in hate crimes against LGBTQ individuals.

And then lastly, early this week just recognizing the "me too" movement that's led by black and brown women to bring attention to their proportionate rates across the life course. We want to enter those who are most marginalized in our communities in making sure that their voices get recognized in our efforts.

We also have to bring about context to talking about gender-based violence especially as we are approaching the election. We can't forget that COVID is still very pervasive and when COVID-19 hit during 2020 having conversations about the impact of gender-based violence during that time where we had isolation, social isolation, had lockdown orders and thinking about what that does to individuals and families. In some communities we saw increased rates in domestic violence and child sexual abuse, and when I talked to legislators during that time, we said we are going to need resources for the years to come. This can't be temporary funds, this can't be temporary resources during the height of the pandemic, but thinking about the lingering effects of that, that in the context of the COVID-19 pandemic, domestic violence and other forms of violence were different.

So me and my students being able to write about this and thinking about how can we, again, prevent the next iteration of

this from happening during the next pandemic and thinking about how do we provide adequate resources to individuals.

Also, as we are approaching elections, issues are going to intersect with each other. During this election cycle we are talking a lot about reproductive justice. Thinking about what the effects of the overturning of Roe v. Wade are. In that article when we were talking about COVID-19 and gender-based violence, we were talking about actions related to reproductive coercion.

When we are reducing things like reproductive access, this is further exacerbating the gender-based violence we are seeing in communities. So as we are looking from state to state and thinking about how they are implementing the overturning of Roe through the Dobbs decision, we need to think about the impacts that's going to have on gender-based violence. As people are seeking reproductive healthcare access, thinking about the risk taken for them especially when we are criminalizing things like abortion right now.

So for me and my career pathway really getting us to talk about prevention, what are some of the things that work too in gender-based violence. I have been having conversations in my career. My work is around working with individuals who have committed illegal sexual behaviors and thinking about when prevention should start. A lot of parents ask me when should I start sex education with my child. And I said as soon as the child starts talking if not before. We need to be thinking about developmentally appropriate ex sex he'd indication which talks about bodily autonomy, boundaries, and think about ways that engages in violence prevention. So being able to state at the Colorado state capital on a bill that supported comprehensive sex Ed. Let's have healthy relationships training in schools. Let's have developmentally appropriate sex education, talk about consent, all of the things we see missing in our traditional sex education programs.

If we are doing that, again, those are some of the precursors that can help end violence. So as we are approaching this election, last year we saw this national plan to end gender-based violence that came out of the Biden administration that, again, highlighted a lot of the things that the violence against women act has highlighted over recent years.

Thinking about our investment in prevention, thinking about strategies for action, investment in community-based care and services, all of that was embedded in this plan. So as we go to the polls, actually I was an early voter, I went day one here in North Carolina. As we go to the polls need to be thinking about this and who we are voting into office, how we are holding people accountable for ending depend are based violence. I thank

you for having me here today, and I hope you can join me on this mission to end gender-based violence.

>> NICHOLAS ST. FLEUR: That was incredible. Thank you for sharing. To the audience, if you have specific questions for Dr. Alexander, I would highly recommend you put it in the Q and A now so we can be sure to address those during the moderated conversation. Up next we have Dr. Brooks-Russell.

>> ASHLEY BROOKS-RUSSELL: Great. Let me know if anything is wrong with the screen sharing.

>> NICHOLAS ST. FLEUR: Everything looks great.

>> ASHLEY BROOKS-RUSSELL: Thanks to Boston University for the invitation to be here today and for hosting this important conversation. Just 12 days away from the election, it's really an opportunity to reflect on the policies that we have in our political leadership, being partners and preventing violence in public health practice and research.

Thank you to Dr. Alexander for her comments on gender-based violence. I want to zoom out a little bit to all of the causes of violent deaths that we see in our country today. We can think of these in three major categories, suicide, homicide, and unintentional fatalities. And homicide could further be categorized into multiple types, community violence, domestic violence or gender-based violence, mass shootings and legal intervention involving law enforcement.

You can see there is a varied context risk factors and settings for each of these. Some are quite public like mass shootings and community violence, and other fatalities occur in homes and are relatively private.

So just a range here. And although this figure depicts these categories as equal in size in terms of these circles, in fact they are not equal in terms of their contributions to the deaths in the U.S. In the most recent data we see that suicide is the leading cause of violent deaths in our country, representing about 60% of all violent deaths. Homicide is an additional 30%. So together those are 90% of the violent deaths in our country.

And when we look at this another way, instead of the intent or the manner of death, but rather the actual cause, what we see here is firearms are the dominant mechanism. And this is why it is essential and in fact unavoidable that we talk about firearms when we talk about violence prevention. They just have to be part of the conversation, no matter the intent or the setting, the firearms are just the dominant mechanism.

And we know that talking about firearms in this country can be politically contentious. This is just the reality we find ourselves in public health. When I looked at ballot initiatives, it turns out there aren't any state ballot initiatives specific

to firearms this cycle. There were citizen-led attempts, but none ended up on the ballot this year. While we look to elections and policymakers to make progress in preventing violence, we can look outside the legislative space and outside the political process and find common ground in our community by engaging with diverse perspectives and looking for community-based solutions.

What I would like to share with you today is thoughts on taking a collaborative approach for violence prevention. And this collaborative approach requires the values that we frequently have in public health to understand personal beliefs, to have openness to new information, new perspectives and innovation, to have vulnerability to ask questions, and believe that we in our community and as a society can find common ground and share common goals and come together to prevent violence.

These are values we have had at the University of Colorado at our injury and violence prevention center and the firearm injury prevention initiative. It's informed a lot of the work that's been going on here. I just want to set the stage a little bit here in Colorado, and this is probably similar across many states in the U.S., we have a firearms culture. When we asked adults in our state about their familiarity with firearms, we found that nearly half grew up in a household with firearms, more than 40% have firearms currently in the household and nearly a third personally own those firearms.

When you look at these and take in the statistic, maybe it's easier to understand why this is such a contentious issue in this country, and so emotionally charged for people to talk about.

When we asked adults in Colorado why they owned firearms, these are some of the reasons that they endorsed and what we see here is that protection really emerges as a dominant motivation. Self-protection, family protection, property protection.

And I think it's really helpful to understand what motivates firearm ownership. And here is where I have optimism that we can find common ground because in public health we also value protection of individuals and families. So this can be really a starting point of conversation about where we share values and priorities in our communities.

And I want to bring a message of kind of hope by talking about successes we have had in Colorado using this collaborative approach. Our colleagues, I can't take credit for this work, but many colleagues at the University of Colorado in the firearm prevention initiative have been doing this work partnering with firearms owners, gun shops, shooting ranges and fire arm advocates and safety trainers to work on messaging that's shared across our communities that is grounded in a message of safety.

So years ago they formed a coalition, the firearms safety coalition which includes gun shop owners and trainers and the goal is around educating retailers, range employees in the general public about suicide prevention and firearm safety. From these efforts came the gun shop project which other states engaged in as well which is about engaging with gun shops and shooting ranges about promoting a message of temporarily limiting suicidal individual's access to firearms is a critical activity we is engage where for safety and preventing suicide risk. Our outreach workers attended gun shows to engage in one-on-one conversations to understand people's beliefs, understand motivations and find common ground around safety and in this case, preventing suicides.

We have also been very lucky to partner with our State Health Department in the newly formed office of gun violence prevention to develop a lot of resources and make these publicly available to the general public, but also our policymakers in the state. And I think of this, I would describe us when we think of the public health approach, we are really in these stages, these early stages of defining and monitoring the problem, identifying risk and protective factors and we are in the early stages, I think, the science is in the early stages of developing and testing strategies, moving toward that now.

So this resource bank in Colorado brings together external resources, overviews of firearm injury and death, a data dashboard and enhanced surveillance. I hope this is a model for other states to bring together these resources in one place.

So just an example of what the data dashboard contains, there are data sources compiled in one place. Here is an example of a slide from the Tableau dashboard on mass shootings and one on firearms sales in Colorado.

And then we also make the surveillance data available including a new surveillance system called the Colorado firearm injury prevention survey. This is an example of what we can learn from enhanced surveillance, really being able to learn more about specific firearm behaviors, so here is just an example on storage practices.

And then finally we have resource bank that looks at promising prevention approaches across the continuum of prevention so all the way from upstream factors and out of home storage, means restriction, community violence interventions, the gun shot project, hospital-based violence interventions just arrange of prevention approaches that are being tested now not only in Colorado but across the country and have a great promise for preventing firearm deaths in the state.

With that, I want to close by thanking and acknowledging my colleagues who have contributed to this work, particularly

Dr. Betz and Dr. Kelly. Thank you.

>> NICHOLAS ST. FLEUR: Thank you so much. That was really fantastic as well. I enjoyed all of the charts you shared, and just everything that you were really drilling down there and explaining about the partnerships you had as well. Again, to the audience, if you have questions for Dr. Brooks-Russell, put them in the chat that way we will be sure to get to them during the moderated portion of the section. I also wanted to point out that one of our viewers, Picar wrote in the chat quoting you, progress could be made outside of legislative space. Love that, very empowering. So that's so great to hear! Now, we will turn to Dr. Shannon Frattaroli. Please take the stage.

>> SHANNON FRATTAROLI: Thank you very much. And like everybody else, I just want to acknowledge Boston University and thank Dean Galea for inviting us for this conversation. I want to know that the work I am presenting today is very much under the part of my portfolio that I collaborate with the Johns Hopkins Center for Gun Violence solutions on, so I want to acknowledge my colleagues in that center as I share some of the work that we are doing in that space.

So again, thank you to Boston University. Thank you to all of you for joining us here this afternoon, if you are on the west coast this morning. Really appreciate the time you are taking out of your schedule to have this important conversation as we think about the election season that we are in, and as we think about public health and the importance of voting and elections and civic engagement to the work that we do, particularly in the context of violence prevention.

So there are a lot of different ways that we can think about violence, and how to prevent it. It's a complicated problem. And one of the great things about today's webinar is that you are hearing from a variety of different perspectives, and I just want to encourage the audience that this conversation is not about which strategy is better or which one, you know, should we be shoeing, this isn't an either or kind of conversation. We need all kinds of strategies, all kinds of interventions to address this problem of violence and what you are going to be hearing today are a lot of different complementary approaches to reducing violence.

When I think about what I can bring to the table for this conversation, my focus with you today is going to be on addressing access to lethal means, addressing access to firearms. And when I talk about firearms and strategies to address access to firearms in this country, often times I will get questions about, well, why the focus on firearm and often times my strategy focuses on laws as well.

When we look at the data, when we look at how violence

plays out in our country, be it homicide, be it suicide, firearms figure so prominently. So for me when I think about ways that I can contribute, thinking about access to firearms rises to the top of what I think is important to focus on.

So majority of homicides, majority of suicides in this country are caused by firearms. So in terms of concrete strategies, one of the areas that I work in in order to address access to lethal means is in the area of civil protection order laws.

So that might be something that many of you in the audience are familiar with, others may not be familiar with, but let's talk a little bit about what civil protection orders are, and how they relate to the problem of violence in the United States.

So as the name suggests, a civil protection order is a civil court order, so it's not about criminal charges, it's not about arrests or putting people in jail or, you know, they don't come with criminal charges that would establish one with a record. These are court orders that include due process protections and are really designed to be upstream interventions that offer people who are experiencing situations in which they are being threatened, situations in which they see a real tangible risk of violence is sort of brewing, it's percolating. They can approach the court. They can ask the court for help before those dangerous behaviors escalate to more serious forms of violence.

So it's a very prevention-oriented approach when we talk about civil protection orders. And civil protection orders, the two types I will talk about now also include the temporary prohibition on firearm purchase and possession as part of what the courts can and do order.

So the process of obtaining a civil protection order involves completing a petition with the court, it involves appearing before a judge and explaining why it is that you are concerned about how a particular person is behaving, how that relates to violent risk, and why you want the court to intervene. And if the court agrees, again, part of the protections that they can offer through this mechanism is to temporarily prohibit that respondent to the order from purchasing and possessing guns. The idea is that when someone is in crisis, when someone is recognized to be threatening violence or at risk of engaging in violent behavior, that it's probably not a good idea for them to have ready access to guns.

So let's talk about some of the specific options that exist with regard to civil protection orders. I want to call your attention to the right-hand side of your screen for now. Domestic violence protection orders. I'm guessing that many in our audience have heard of these. These are as the same suggests

a civil protection order that's available when people are experiencing partner violence, gender-based violence at the hands of a beloved one, a partner, of someone they are dating, someone they are married to. Someone they have a child with.

And domestic violence protection orders currently exist in all 50 states. They have existed for decades. They are part of the sort of core foundation of how we address partner violence in this country. Under federal law respondents to domestic violence protection orders who have had the opportunity to participate in those hearings are, again, under federal law prohibited from purchasing and possessing guns. In addition, more than half of states either replicate that federal language on gun prohibitions or build on it and add additional protections related to guns.

When we look at evaluations of this gun prohibition aspect of domestic violence protection orders, what we see is statistically significant evidence that they are associated with reductions in intimate partner violence with homicide, with guns in particular, and intimate partner homicide generally.

So good evidence that these make a difference when it comes to the most lethal form of partner violence when gun prohibitions are included.

I want to call your attention now to the left-hand side of the screen and talk about a second type of civil protection order, the extreme risk protection order. These are also known as red flag laws, gun violence restraining orders, and extreme risk protection orders, also civil court order are built on this domestic violence protection order framework.

So we know that those gun prohibitions within domestic violence protection orders are effective so ERPOs expand those protections to include, again, people who are experiencing partner violence, but also to include people who are experiencing or at risk of experiencing other types of violence so interpersonal violence, community violence.

If there is someone who is expressing suicidal ideation, extreme risk protection orders can be used to intervene. And, again, temporarily remove any guns that are in their possession and temporarily prohibit them from purchasing guns.

Extreme risk protection orders are also used when people are threatening mass shootings. There is a various rate of violence applications that we see with ERPOs and they build directly on those foundation that was lady domestic violence protection orders.

Now, unlike domestic violence protection orders, extreme risk protection orders are in place at the state level, and they currently exist in 21 states and the District of Columbia. In case you are wondering if you are in a state where the ERPO law

exists, the blue states noted on the map have ERPO laws, and most states in this country at this point have considered a Bill that would put ERPO protections into place. So last count I did that was, there were 43 states and the district that had introduced an ERPO style Bill in the past ten years.

So what I want to encourage you to think about as part of this conversation, as part of this context in which we are thinking about voting, we are thinking about people who we elect to office and civic engagement, what are the opportunities given that these laws exist domestic violence protection orders in all states in the country, and ERPOs in a growing number of states, what are the opportunities that we can maximize the impact of these laws through implementation strategies?

So what I want to urge you to think about in the context of these civil protection orders are how can we focus not on the legislative aspect of them, but how can we make sure that they are being implemented and implemented in a way that's going to maximize their violence prevention potential, and I have traveled across this country, been in a number of states where both laws are in place, and I can tell you from my own experience as well as from the research I've done that uptake of extreme risk protection orders varies widely within and across states. I can tell you when it comes to gun dispossession of domestic violence protection orders, we don't do enough to make sure that happens.

So here are some screenshots of resources that we have available at the center for gun violence solutions on these topics, so I invite you to link with that QR code and check those out. I also want to just encourage you to remember to vote this election season. I have got two new voters, both my children will be voting in their first national election, and one of my favorite parenting moments was going to the primaries with them.

So make sure you get out there and cast your vote, and continue to engage in those processes of implementation to address violence in this country. Thank you very much, and Nicholas, back to you.

>> NICHOLAS ST. FLEUR: Wonderful. Thank you so much. I really appreciate that presentation and hearing more about those laws and the legislation there. As a reminder to those of you viewing, if you have questions for Dr. Shannon Frattaroli or the rest of the panelists, please put them in the Q and A. There are a couple of questions in the chat there. If you want to copy and paste them to the Q and A, we will get them asked. Next we have a final presentation, Dr. Temple, take it away.

>> JEFF TEMPLE: All right. Thank you so much, Nick. I feel like since everyone else thanked everyone for being here, I have

to as well otherwise I will look for a misanthrope.

Thank you for being here and thank you for giving us your attention. I too have two new voters to the role. One who lives in Boston, so I considered is this right, by the way, my view, Nick?

>> NICHOLAS ST. FLEUR: Yes.

>> JEFF TEMPLE: One that lives in Boston and I considered telling folks at my institution that this was an in-person event so I could go see him but I didn't know if I could get away with that. So here we are. This is a picture of President Obama the moment he learned about the Sandy Hook shooting, and that is relevant for my presentation for several reasons.

We have a longitudinal study that began in 2010 with about 1,000 people. It's still happening, so they were recruited these 1,000 kids were recruited when they were 15 years old. We have been following them ever since. They are now about 30 years old, and we have been also surveying the current partners of participants as well. And in 2013 when this happened with Sandy Hook, President Obama listened restrictions on research. We have been allowed to do research on firearm violence. It's just that we couldn't advocate for things like gun control, and so to be really cautious, the federal funding pretty much dried up on anything that had to do with firearm violence.

So there were a couple of decade lull in anything related to firearm violence because though we could study it, without money it's hard to do. So when President Obama loosened the restrictions, we began adding questions on firearms and firearm violence to our longitudinal study, and began to really try to understand, really basic information that we have on every other form of public health problem. If you look at firearm violence and you look at the number of deaths that it caused per year, it's similar to things like prostate cancer and breast cancer. If you look at the number of publications and the 5789 of funding that goes to those other very important public health issues, it dwarfs what goes to firearm violence to this day.

So we have a basic primitive understanding of reasons for carriage, why someone uses, why they get their gun and really at the infancy stage of research with this. And on March 17th -- I'm sorry, May 17th, 2018 I was giving a presentation to the Texas Senate on the importance of healthy relationship curriculum and school safety, and on the very next day, this was a school shooting that happened at Santa Fe high school which is just about ten miles from my city, Galveston, where I live, where I was also on the school board.

So it hit close to home. I knew several of the victims, and the medical examiner who responded to it. Also, the shooter's mother worked about 100 yards from me at the university that I

used to work for. So it really hit home there, and the scary thing about firearm violence is if I were to poll everyone in this webinar I'm guessing over half would have some close experience with a mass shooting, not just firearm violence, but a mass shooting.

So knew someone, it was in a town where you grew up in, something like that. So it's becoming more frequent, more alarming and scarier.

After Santa Fe, Governor Abbott held a series of round tables to address firearm violence, and to his credit, and I was, if you can seek me out in the right top corner over there. I was at one of these and to his credit he had folks from both parts of the aisle and tried to focus in on solutions to the gun violence problem. This was not only after Santa Fe but also Southland Springs where there was the church shooting, so trying to get stuff done, trying to get solutions to the firearm violence problem out there.

The problem is as is the case in many states, but especially southern states is right after this despite some of the solutions related to mental health and everything else, it became easier to obtain a firearm, and with no license or restrictions or anything. So anyone in Texas can carry without any license or anything openly.

You can see this is probably not going to be a surprise to anyone in this talk, but if you look at firearm deaths, it is the number one cause of death among children in the U.S., and if you look at our peer countries it is not even in the top ten. And if it is in the top ten, if you look at Canada where it's the fifth cause of death, it's still quote, unquote, only 48 kids are being killed per year, versus over 4,000 in the U.S.

And it's increasing. So if you look at our peer nations, they have all seen decreases in child firearm deaths, but in the U.S. it has been increasing. A little bit old data here, but unfortunately with the COVID-19 pandemic we saw increasing firearm related deaths including with children.

One thing I like to point out when we talk about firearm violence and violence in general is people understandably get nervous about sending their kids to school, but in reality, schools are exceptionally safe. In fact, schools are oftentimes the most safest and most positive environment for many kids. So for those that are exposed to violence in the community or at home, schools offer a respite for them and somewhere that they can be fed and safe and happy and learn and socialize and all of that.

So I am careful not to have schools be the boogieman in this instance. And the solution is not more police. I have given a similar talk to other crowds where the police were

around and I always felt weird about that, but it just is true.

There has been plenty of research that shows that the addition of police is not going to prevent school shootings or mass shootings, and in fact has another effect is what ends up happening is back and brown kids get tickets and get arrested for things that have nothing to do with school shootings and school shooters are typically not black and brown kids.

Mental health is not the cause. This is another pet peeve of mine after every single anything, any type of mass shootings, you see that people are quick to blame mental health, and I was even, one of my Tweets was put up in Time Magazine which I thought was pretty cool, but it's frustrating on many levels because mental illness, there is not one mental illness that would suggest a, that someone would be a mass shooter. People with mental illness are way more likely to be victims than perpetrators and even if you look at some of the mass shooters, it was not mental health that was the cause.

Some of them did have mental health problems, certainly not even half, but even those that did, it was other things like misogyny and xenophobia and racism and hostility and anger and things like that.

So and even when you look at, when you unpack it a little bit further, if you look at some of the other speakers touched on this, domestic violence is, and family violence is overrepresented in mass shooters. There is a study by Geller that found that 55%, 60% of all mass shooters had a history of family violence.

So my thought there is if we can prevent domestic violence, if we can prevent gender-based violence, then we would reduce not only everyday violence and intimate partner homicide with guns but we could have an effect on reducing mass shootings.

Lastly, and this is probably not going to be a surprise to anyone, but it's access to the guns that is the problem. All of our peer countries, they have the same number of violent video games and violent movies, they have the same number of folks living with single moms and single parent households, they have the same number of bullies and loners and isolationism and in cells and everything else, it's all similar across all of our peer countries. The difference is that we have unfettered access to guns including long guns.

But that being said, we live in reality, right? So we live even if we were, and I'm not saying to do this, so FOX News if you are listening, don't put me on tonight, but even if we got rid of all of the guns, you know, made it illegal to own a gun today, forever more we still have, I think it's 450 million guns in our country, and it's going to take, again, even if we have made something happen today, which we are not going to, and I'm

not advocating for, but even if we did, it would take generations to rid ourselves of these guns.

So we live in reality. This is the circumstance that we were dealt. So some of the things that we have been doing is, and some of the things we need to do as a country is have active shooter drills. I am on a Committee to study the impact of these active shooter drills with the National Academy of Science, and we are putting together a report that will become available in the next year that will talk about what type of school shooting drills are effective, how to reduce the risk of unintended harms like psychological distress to kids and staff and so forth.

The other thing is, and I love this quote, we should not be looking for strategies to identify the next school shooter. We need to identify strategies to look for the kids who need help. Rather than identifying the needle in the haystack, our approach is universal primary prevention that affects the needle but also the hay. That was said by me. It's a cool quote and it sounds really impressive, but I know the journalist that because there is no way I said it that articulately.

The point holds, we shouldn't be trying to identify the next school shooter it's a waste of time and energy. People say why don't they just get rid of that kid that is creepy or scary or draws pictures of guns? Well, if we did that, we will probably, one, it would be stigmatizing folks and probably getting rid, again, of people that may not be the school shooter, but also you are talking about probably 10% of the school populations so millions and millions of kids. So that is not a useful approach. So we need to focus on universal prevention and that's one of the area that's we have focused on is this program called Fourth R.

It's reading, writing, arithmetic and relationships where we teach kids how to be a relationship. How do apologize with someone, how to break up with someone, how to resolve conflicts in a non-violent way. It takes over health class taught by coaches who would rather be coaching. It focuses on things like youth development and positive youth development, so not just stay away from bad stuff but how to actually be healthy and happy.

It's a universal focus, so every kid in the school or every kid in a grade gets it which is nice because then you don't take quote, unquote, bad kids and put them in with bad kids and everyone gets badder. Alternative schools are dumb and shouldn't be used.

And then it focuses on improving relationships and has a lot of role plays. It's dynamic. Kids like it. And it works. So we found in a couple of different studies, we did a randomized control trial here in Houston with 24 schools, 12

control schools, 12 intervention schools and fought that it not only predicted the first onset of violence, but those who had prior violence were less likely to re-perpetrate than the people who did not get the Fourth R program.

We also have a texting platform where it's very simple, probably on its own it wouldn't be too vastly effective, but as an augment to other programs, kids can text this number, relationship to this number and a few times a week or once a week depending what program we have, they get information about healthy relationships. What I like about it is it meets kids where they are, and as they pick up their phone and read the message before they get pissed off that they have read the message, they have read the message.

So they are getting that information.

My favorite quote here is if you are going to do anything for the common man, you have to start before he becomes a man. It's a little outdated and sexist, but you get the gist that we need to start up stream if we want to prevent violence, and that means starting with kids when they are young. And as someone put in the chat, starting with parents so from womb to death we need to talk about healthy relationship education.

Thank you all very much, thank you, Nick.

>> NICHOLAS ST. FLEUR: Thank you. I'm here, I'm here, Dr. Temple, thank you so much for that. I super appreciate it. Someone put in the chat, Pavon protection thank you for naming this. As someone who does threat prevention at the university connection between mental health and mass violence has been entirely misrepresented. So thank you for that, Dr. Temple.

I would like to ask all of the panelists to turn their cameras on. It looks like I see your smiling faces here. Thank you for your presentations. We will move onto the kind of moderated discussion portion of this webinar now, but, again, I ask those of you who are watching at home, can you please put your questions in the Q and A so we can make sure that they get asked. I want to get to as many as I can and there is already a good chunk. I want to make sure we can get those asked because you all are so far asking really brilliant questions and this is a great opportunity for you to probe some of these really great minds in this field.

So I guess to get us started, all of these presentations were really incredible. I have jotted down a bunch of notes all over the place, but I will start with Jeff or Dr. Temple you were the most recent one on the screen. I got to say, I loved when you shared that quote. I love that you told us who was the genius behind the quote. That was great. Your quote about how do we find the kids who need help and how do we address that? And you talked a bit about it with the Fourth R, but tell us

more about that.

Finding the kids who need help and addressing what they need help, you said we shouldn't be finding the next school shooter, we should be finding the kids who need help. So let's start there, and if you could elaborate about the work you are doing with the Fourth R.

>> JEFF TEMPLE: Not only do we need to find the kids who need help, but we need to address every kid. When I talk about this, and I get that that's a lofty, ambitious goal, but if we had the resources and we can start from the womb and to and through post high school, we could do some really impressive stuff with respect to preventing all forms of violence including firearm violence. But the other part by addressing all kids and doing in a positive strength-based approach, what I have talked about in that universal approach is the best case scenario is that we prevent the next school shooting. The worst case scenario is that we teach kids how to be in a healthy and happy relationship.

So maybe we don't prevent a school shooting, but we are teaching these kids how to be healthy and happy. So it's not about avoid, avoid, avoid, avoid violence, avoid sex, but how to be happy in a healthy, positive relationships and friendships and everything else. So it's really the universal focus that I think needs to be put in place. I will be quick with this last point is we, you know, if you look at the school shooting data, and I apologize for focusing just on that, but if you look at it, some of the kids were bullied, some weren't. Some had two parent households. Some weren't. Some were loners, some weren't. Some were popular, some weren't. Some got good grades, some didn't get good grades. So we aren't good at it. We can't identify them based on what we know, so it's a losing cause to try to do that.

Instead we should be putting our resources in universal prevention.

>> NICHOLAS ST. FLEUR: Thank you, Dr. Temple. When I was watching Dr. Alexander's presentation one thing that struck me, I do a lot of reporting on the health equity and the black maternal mortality crisis and you were talking about the intersection between intimate partner violence and maternal mortality, but in particular the black maternal mortality crisis, could you speak more to that? That is something that has struck me in my reporting on this when we talk about just maternal mortality, I don't think enough people realize the impact that domestic violence and intimate partner violence plays in that.

>> APRYL ALEXANDER: And just seeing so many cases where we have the murder of pregnant women. And so any time where we are

looking at those cases, really trying to decipher what went wrong and what happened in some of these scenarios.

Some of the work that my team is starting to do now is how do we do early detection for domestic violence with individuals in healthcare systems. So can we ask about intimate partner violence for individuals who are coming into their gynecologist office, when they are visiting for their prenatal exams and being able to provide them with the resources they need in order to thrive.

What's so trouble about the maternal mortality crisis, particularly the black maternal mortality crisis is 90% of the cases are preventable. When we do the postmortem analysis, some is ignoring women's pain and we know we ignore black women's pain. Some of the things that may be precipitating violence, thinking about TB Ises if domestic violence, realizing that a lot of people, we are looking at non-fatal strangulation, have experienced choking non-fatal strangulation beforehand, and thinking about those most at risk and violence intersects with violence. So we might see those incidents of domestic violence relate in a fatality.

>> NICHOLAS ST. FLEUR: Thank you so much, that brings me to Dr. Frattaroli. You were talking about the warning signs and Dr. Frattaroli, you were speaking about a civil protection orders.

First, could you, I guess this is something that I'm actually not that familiar already with myself so I'm wondering if people watching, they may have more expertise in this area but some folks may not know too much about these. Tell us more about how people can get more information about these civil protection orders, but also what are the warning signs that should lead someone to be like, hey, I should really pay more attention to this or I should seek out a civil protection order?

>> SHANNON FRATTAROLI: Thanks for the question. I will start with the first question first which is we have lots of resources on our ERPO.org website. It was also the link that was on that QR code in the slides that I shared. So if you scan that, you can go to that site for very detailed information about how those processes work. But shy of that, civil protection orders exist through our state and local court systems. So they are available through communities throughout this country. Again, those are domestic violence protection orders, extreme risk protection orders that expand on domestic violence protections to include people at risk of suicide, people involved with other types of interpersonal violence, and people who are making mass shooting threats are included under extreme risk protection orders. Those are available in the 21 states and District of Columbia where ERPOs exist.

But what we are looking for with regard to whether or not someone would be a good candidate for a domestic violence restraining order or extreme risk protection order is are they behaving in ways that are dangerous. Again, to emphasize what has been said before what Dr. Temple is saying, mental illness is not a good predictor of violence but behaving dangerously, threatening violence, acting in a way that suggests that violence is eminent are pretty much the best predictors of violence that we have. So these kinds of civil protective orders are available when those indicators of violence, when those dangerous behaviors are coming into play, you can go to court and engage with the court system to see if that is a strategy that can help move the issue forward in a way that can be resolved before violence continues to escalate and in some cases could become more lethal.

>> NICHOLAS ST. FLEUR: I do want to bring Dr. Temple into this because he has his hand raised. Before I do that, Dr. Alexander was saying earlier about the black maternal mortality crisis about how women, especially black women aren't believed when it comes to their own body, how they might be feeling which could be dangerous to them, or in terms of just when folks, when women might go to the police and report intimate partner violence or domestic partner violence. Dr. Shannon Frattaroli, I'm wondering, in terms of these restraining orders or civil protection orders, what is the process like for someone trying to get this? Is it a lot of red tape for them? Are they able to navigate this? Are they being believed? I'm someone who watches a decent amount of true crime and so often we hear the victim went to the cops beforehand and they tried to get these and they couldn't get them, they weren't believed. Tell us about how does someone who might experience this navigate the red tape? How do they get believed?

>> SHANNON FRATTAROLI: Thank you so much for this question. I appreciate your attention to the details because the details are so important here. This is what implementation is all about. There are support systems that exist. So there are wonderful advocacy organizations that exist to support women, others who are experiencing partner violence through this process because you are right, there is misogyny, there is racism, there is a tendency to not believe when people say they are experiencing partner violence in particular. The existence of advocacy organizations that can help people through the processes can make a big difference with regard to the willingness of people experiencing violence to engage in the systems, and the ability to really be heard and to get the kind of response that they need.

I talk about domestic violence protection orders, I talk

about these civil protective orders a lot, and I could tell you that I hear all of the time if I'm on a radio show or any kind of public forum of something along the lines of the story line of the vengeful woman. This isn't really violence. She is just mad at him. He came home late. He sort of didn't get her the gift that she deserved.

This willingness of some in our society to down play the seriousness and the existence of partner violence is a problem that we have, but it's a problem that we are pushing back against and, again, it's an aspect of implementation that we can all be involved in addressing and really elevating the voices of people who come forward with experiences of partner violence to make sure they are heard and make sure they get the protections that exist in the system for them.

>> NICHOLAS ST. FLEUR: A quick comment that caught my eye here was Karen Widal who said is there instances when a restraining order inflames the situation and there is more violence due to the filing of the order. What is your advice for someone who might be weighing the options, I worry for my safety, I should get a restraining order but that will make the other person more mad?

>> SHANNON FRATTAROLI: One thing we know in the decades and centuries of experience with regard to violence against women, partner violence is that the person who is in the best position to determine how to safely proceed with their relationship is the person who is experiencing that violence, which is why it's incredibly important the point that you made before to make sure that the people who are experiencing the violence, again, most often times we are talking about women are heard and are centered in this process. When we talk about domestic violence protection orders, it's the person experiencing the violence who is in the position to initiate those processes. So my thought or one of my responses to that is if a woman is coming forward, if she has sort of mustered the courage and got herself into the courtroom where she is in a position to ask the court for help in a public forum, we need to listen to her because what we have learned is that she is asking for help, and she is determined that that is what she needs at this point in time.

>> NICHOLAS ST. FLEUR: Thank you so much., Dr. Temple, I want you to chime in and afterward Dr. Brooks-Russell I have a question for you.

>> JEFF TEMPLE: Mine will be quick and since I brought it up about mental illness not being a good predictor of violence. It a good predictor of suicide. So that, we still should, from an extreme risk protection or red flag law need to pay attention with respect to that.

>> NICHOLAS ST. FLEUR: Thank you for that. And that melds

well with what I want to ask Dr. Brooks-Russell. First, you spoke about how suicide was the top form of violent death which struck me because I never really put the two together. Yes, suicide is a violent death, but for some reason I never connected the two. Do people kind of, first, when you talk to people about it, do they make that connection? Do enough people really, when they think about gun violence think about suicide or do they just think if someone is going to kill themselves, they will find a way whether it's a gun or not? Is suicide, like is that front of mind when people are thinking about gun violence as it is one of the biggest examples of gun violence that we have?

>> ASHLEY BROOKS-RUSSELL: Such a great point. I think it is not the most salient thought in people's heads which is surprising because of how many of us have been touched by suicide thinking through our family histories, our extended families, it's not something that I think is shared or talked about a lot, and if we did, I think we would find that many of us have been touched by suicide attempts or suicide in our families.

And I think what it relates to is the privacy of it, you know, occurring in homes, not occurring in public, not getting splashed across the news and this relates to one of the comments about the focus on mass shootings and those being a relatively small proportion, around 1% of firearm deaths. If you look at sort of the sail against of people's mind in terms of the fear they hold that this could happen to them, and I think it relates to the fact that those are relatively, you know, they are unpredictable. And with suicide we hold the perception that we could prevent it, and they are preventable, and yet because they are rather short-term sort of impulsive events, we don't do enough to prevent them. So I think there is a misperception in the public that there is a much greater fear of these infrequent so-called random acts of violence compared to the day in day out threat that lives in people's closets for when a family member may be in crisis that threatens their day in day out.

>> NICHOLAS ST. FLEUR: When I think about my own experience when it comes to gun violence, I think about the death of a friend of mine in high school, Ralph who did commit suicide using a firearm and how that has really painted my views on firearms in the home and such. And I'm struck by one of the graphs you shared with us which is when you ask people in Colorado for their reasons for being a firearm owner and the top one being self-protection at 70%, family protection, property protection, and you were talking a bit about how public health also values protection.

So how do you communicate to someone who says they have

their firearm for protection but may also have kids in the house and such and how if their goal is protection, having a gun in the home just increases the likelihood for suicides and for these other accidents that are involved with firearms? How do you have that conversation?

>> ASHLEY BROOKS-RUSSELL: I think we definitely, I think we have to start from a place of understanding why someone has a firearm and accepting that they do, and so it's about what are their values. No one wants someone in their household to be hurt. So that's the starting point for that conversation. And from there I think we need to provide them ways that they can keep their household safe.

So unless we have places that they could temporarily remove their firearm voluntarily, we need to make, we in public health can make those opportunities available to make it easier for people to do the thing that does keep their family safe when they need it, maybe someone is visiting from out of town or maybe there is a crisis that comes. What are they supposed to do the firearms. We need to give them solutions and navigating the legal implications, that's something we can do for them.

>> NICHOLAS ST. FLEUR: Thank you, Dr. Brooks-Russell. I want to turn to audience questions in a second. I'm curious, this work is so important but it can be deeply personal as well.

As you have shared, so many of us have had, whether it be interactions or have had instances where suicide has touched our lives related to gun violence or mass shootings have touched our lives related to gun violence or gun violence whether it be intimate partner violence, stories about that impacting our lives.

I'm wondering are there any personal stories or anecdotes about why you do the work you do, what's really inspiring and motivating you? Whether it be a person you have helped, someone who has come to you for help and because of these protective orders you have been able to make sure that they are safe, or someone who has dealt with gun violence and you are helping them through your programs? Are there any personal stories that come to mind that any of you want to share?

>> JEFF TEMPLE: I will go ahead and start. Mine looking at the intersection of domestic violence and firearms is we are doing a qualitative study so we are interviewing women, and one of the things, one of the participants said is he has never threatened me with his gun or never threatened to shoot me, but after every time, after we argue, every time we argue, after that he tends, that's when he decides to clean his gun. And that sort of was like, okay, I get it.

And the research bears that out. So a gun present in the household is related to more extreme forms and injurious forms

of violence even when the gun is not used.

>> JEFF TEMPLE: Thank you. Any other anecdotes to share. Dr. Alexander go ahead.

>> APRYL ALEXANDER: For me recognizing that violence impacts all of us. I think that's why all of us are here today, both the panelists and attendees. For me it was hearing about friends who are sexually assaulted during college. Then it was working the a domestic violence center in college and seeing the impact. It's being a Virginia Tech graduate who was on campus the day before the shooting. So we have seen these repeat incidents across our lifespans and wanting to do something different. So that's why myself and the people I work with, we have these personal and professional commitments to resolving these issues. And we bring all of these stories and what we see in our communities to our work.

>> NICHOLAS ST. FLEUR: I will turn to the audience questions. I realize we have a lot. We don't have much time, but let's get to some of these, Elizabeth Ferrara asks what needed roles can localized data people play in bringing awareness to violence and prevention efforts in their communities? That localized conversation seems to bring the greatest impact, so people who do local data. Dr. Brooks-Russell, go ahead.

>> ASHLEY BROOKS-RUSSELL: I would love to talk about this. There are some variations in the data patterns across the country or within a state, and so for sure that's true, but by and large, I think the trends are the same, and yet I don't think policymakers or decision makers are ever particularly satisfied by hearing about something nationally or even at the state level. They really want to know the impacts in their area. So I agree, I think localized data can be impactful and it's the storytelling from that. The example that Jeff gave, hearing the story of an individual, it gives me chills, I know, and so I think that that's where we get impact with people who need to be persuaded about this. So the more local, the more personal, I think the more impactful that conversation can be.

>> JEFF TEMPLE: Thank you. Dr. Shannon Frattaroli, we have a question from the audience, Joan McGill asks how successful are protection orders in preventing violence?

>> SHANNON FRATTAROLI: So most of my work focuses on the most lethal forms of domestic violence and when we see, when we look at protection orders at the state level that include prohibitions on the purchase and possession of guns from a 30,000-foot population level, we do see statistically significant reductions in intimate partner homicides.

So that's from my perspective so pretty powerful evidence. When we sort of look at less lethal outcomes, you know, most of

what we see in the literature is that protection orders result in reductions in reports of violence and reductions in the severity of violence when it does occur while those protection orders are in effect. So by and large protection orders are looked at as a strong tool into the tool box to address intimate partner violence when it is occurring.

>> NICHOLAS ST. FLEUR: Thank you so much. Dr. Alexander, we have a question for you. They say what do scholars in the GBV space say about how to navigate conversations around a popular presidential candidate who perpetuates GBV himself? What language is effective and approachable for promoting a conversation around this and promoting a message that we don't or shouldn't tolerate that in our country's leader. This is a bit of a political question, any thoughts there?

>> APRYL ALEXANDER: We just had the statement released in The New York Times this week of all of the victims and survivors of sexual assault by a presidential candidate. For us, we are all committed to violence prevention and we need to raise that. We need to make sure we are holding people accountable for their actions and I mean all people, regardless of your status, regardless of celebrity, thinking about our work in violence prevention, it's about representation too.

If we are not holding our leaders accountable, then what does that mean for us? So when we had the question earlier from the audience about why certain people don't report, marginalized people don't report, it's because of what we are showing in the broader landscape of things.

>> NICHOLAS ST. FLEUR: Thank you so much. And I was struck about something during your presentation as well while I have you. You were talking a bit about, it was the violence against indigenous folks which I feel is often left out in this conversation when we talk about gun violence and such. Could you talk a little bit more about that and why. It was the missing murdered indigenous. Could you spend a moment to talk a little bit more about that.

>> APRYL ALEXANDER: There is increased attention toward this in recent years of really thinking, I think there is over 5,000 cases of missing and murdered indigenous persons, whether that's girls, women or two spirit individuals in the United States. When we look at cases of missing persons, what do we see in the media? Not women of color, and definitely not indigenous people. And there were questions or comments in the chat that we didn't quite hit on some of our presentations when we are talking about prevention of violence, we have to talk about broader systematic and historical issues.

So we need to be thinking about and recognizing the intergenerational and historical and racialized harms in this

country that have facilitated current violence.

And that is the genocide of indigenous tribes. That's the erasure of them, the land loss, the language loss that has impacted and all of that is historical, but still current. So when we are talking about the stolen land and looking at these missing and murdered indigenous persons, it's often on land where we are still wiping people away. We are still blocking and having climate discussions and climate destruction of.

So, again, if we are having conversations about violence, we need to have a conversation about history too. So, again, this movement to address the issue of missing and murdered indigenous women is going strong. There is states across the country who are creating task force to address the problem. So let's get some data. Let's have some accountability. So, please, please, locally look out for some of that work.

>> NICHOLAS ST. FLEUR: Thank you so much. Dr. Temple, you wanted to add?

>> JEFF TEMPLE: Thank you, Nick. I'm glad Dr. Alexander brought up structural items so the Fourth R is great or extreme protection orders are great but if we look at the structural and historical determinants of health, if we can address those, we can prevent violence as well. So child care, affordable housing is violence prevention, livable wages is violence prevention, so all of those things if we can focus on those from the 5,000-foot level, I think there is less use for people like us.

>> NICHOLAS ST. FLEUR: Thank you for that. Dr. Temple while I have you, a question here that I think might relate to your work. They say, this attendee says I struggle with the focus on mass shooting given that they make up 1% of firearm related deaths. They go on to say a similar argument could hold when it comes to interpersonal firearm related deaths. How do we balance the sail against of our country, wide fear of mass shootings with the scope of that problem on an absolute scale?

>> JEFF TEMPLE: It's an excellent question and thought. The reason mass shootings scare us so much is because we can't other it as much as we can things like domestic violence and gang violence and accidental shootings, and things like that. We, with those we can say, oh, that won't happen to me. I'm in a healthy relationship or I'm not in a gang or I train with firearms, I'm not going to accidentally shoot myself or someone else, or I'm not going to die by suicide because I'm fine right now. So with mass shootings, it's very easy to say, oh, wait, I can be a victim of that. That's why it's really scary.

And I will say that I think as terrible as they are and as low frequency as they are, it does bring needed attention to firearm violence, including gang violence and domestic violence and everyday other forms of violence that if that's what it

takes to get us talking about it at the political stages, then so be it.

>> NICHOLAS ST. FLEUR: Thank you, Dr. Temple. A question for Dr. Brooks-Russell from another attendee. They say could buying guns, a/k/a, gun ownership to find belonging. Are people more motivated to purchase guns to fit in into a group or those around them?

>> ASHLEY BROOKS-RUSSELL: It's an interesting idea. I don't know if I have seen that in the literature necessarily, but what it makes me think of is some of the populations in our country who are more likely to have firearms by nature of their occupation, so thinking about law enforcement or military or Veteran communities, so I don't know if it's quite the kind of the direction of relationships in the question, but certainly those might be particularly vulnerable populations because of their, because of firearms being part of their world and some populations probably need extra attention because they are more vulnerable.

>> NICHOLAS ST. FLEUR: Thank you for that. Can we speak to, this is more of a general question for the panelists here, but when we talk about gun violence or firearm violence, what about the impact on people's kind of mental health when it comes to seeing videos of people who have been victims of gun violence. Black men who may have been the victims of gun violence at the hands of police officers. Could we speak a little bit to the impact of seeing all of that in a hyper social mediaized world?

>> APRYL ALEXANDER: I think we are bringing bigger attention to vicarious or secondary trauma for witnessing acts of violence. We saw this in September 11th when people saw the footage over and over again, people were exhibiting symptoms of post-traumatic stress disorders and they weren't close to the areas where that happened that day. Same goes for police shootings. I did a talk with Jeff I think shortly after the death of George Floyd and with him and other reporters, they asked me what were your first reactions when you watched the video. I was like I haven't watched it.

We have a bunch of research that says that that is a form of racialized trauma, that watching those videos does exacerbate mental health symptoms so even the observing these violence whether the school shooting, police violence, et cetera, that does have impact not just on direct victims and families, but everyone.

>> NICHOLAS ST. FLEUR: And Dr. Alexander while I have you, I have an audience question here, but they ask, you mentioned the Biden administration had a gender-based violence plan. Are you aware of either of the two main candidates have similar plans and support the continuation of the Biden plan?

>> APRYL ALEXANDER: Because that plan was enacted by the current administration, I don't know if there is any plans for continuation of it. Vice President Kamala Harris is cited in the plan, so I hope that the commitments in that plan would continue on, but nobody has directly cited that plan in the debates or anything so far.

>> NICHOLAS ST. FLEUR: Thank you, Dr. Alexander. As we wrap you I would love to the panelists could leave the audience with a take-home message or a call to action. As we talk about gun violence as this public health problem, emergency really, what do you hope the audience just takes away from this conversation here? And Dr. Shannon Frattaroli, I would love to begin with you.

>> SHANNON FRATTAROLI: Sure, thank you. I guess my parting comment would be that violence is not something that we need to live with. One of my greatest concerns about our society right now is that there seems to be an acceptance of all forms of violence. And this is not the way we have to live.

And the people on this panel are a small slice of the larger community that's working very hard against that notion. There are strategies that can come into play that we can realize that will bring us to a better world, and I want the panel to walk away feeling that tomorrow is going to be a better day, and violence doesn't have to exist in our society in the way that it currently does.

>> NICHOLAS ST. FLEUR: Dr. Brooks-Russell?

>> ASHLEY BROOKS-RUSSELL: I guess my closing thought would be that we shouldn't be afraid to have conversations with our neighbors about our values of promoting public health and that we can find ways to have those conversations that diffuse the political tension because we do have, we do share common ground and I just hope people feel comfortable sort of getting rid of the taboo about having those conversations because that's how we will change stigma and norms.

>> NICHOLAS ST. FLEUR: Dr. Alexander?

>> APRYL ALEXANDER: We showed great appreciation for Dr. Brooks-Russell's quote earlier about progress. Each and every one of us is here for a reason. You showed up, took time out of your day to show up to have the conversation. Let's think about what you can do in your venue to address violence. Each of us has different skill sets, each of us has different comfort levels. Is it you going to a school Board Meeting and raising questions about prevention programming. Is it you going to a city council meeting and learning about the budget and saying we are not committing enough to the sources that can contribute to reducing violence? Or will you become an elected official one day and change law and policy.

I'm hoping we take away that there are multiple ways at getting at the issue. So let's raise awareness and think about how you want to individually engage in action.

>> NICHOLAS ST. FLEUR: Thank you, Dr. Temple.

>> JEFF TEMPLE: Prevention is not politically expedient, so politicians want immediate results, and prevention doesn't fit into that. So just to echo what everyone else said, let's be proponents of prevention and prevention science, and make them care.

>> NICHOLAS ST. FLEUR: I want to give a special thank you to everyone, Dr. Jeff Temple, Dr. Ashley Brooks-Russell, Dr. Shannon Frattaroli, Dr. Apryl Alexander, thank you. This has been a meaningful conversation and with that I will pass it to Mr. Galea.

>> SANDRO GALEA: I would like to thank Nicholas St. Fleur for expert moderation. It was a master class in moderation, and I would like to echo the thank you to the doctors. I think it was an excellent conversation. Perhaps the last thing Dr. Temple said captured a lot of sentiments which is prevention is not politically expedient but it highlights how important it is that we do the work we do to elevate the work of prevention.

I have found these conversations and this one in particular highly illuminating as we head into election season and I think it captured well the challenges ahead of the country that should inform how we think about the coming election and what we do afterward.

So to your speakers, thank you for what you do. Thank you for the audience and being engaged in everybody who does this work. Have a good afternoon, good evening and the coming weeks. Take good care.

>> NICHOLAS ST. FLEUR: Bye, everyone.

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