



**Testimony from Staff of Institute for Community Research
Submitted to Connecticut Gun Violence Intervention and Prevention Advisory Committee
for Recommendations to the State of Connecticut Commissioner of Public Health
(November 19, 2022)**

My name is Jianghong Li, the Executive Director and Senior Scientist of the Institute for Community (ICR). I appreciate the opportunity to write this testimony, at the invitation of Andrew Woods, the Chair of Gun Violence Intervention and Prevention Advisory Committee (GVIPAC). This testimony integrates the views of other ICR researchers and includes three researchers' standalone testimonies.

It is undebatable that the prevalence of gun violence and its negative impact has been alarmingly high for decades in certain areas of Connecticut. Economically disadvantaged urban centers with a high proportion of non-white populations are hit especially hard, despite ongoing prevention and intervention efforts. ICR researchers are in full support of the 2021 GVIPAC recommendations report to the Connecticut Commissioner of Public Health, especially the following views, efforts, and recommendations:

- Statement: "In our state, prevention efforts have grown organically `but without consistent statewide support or coordination."
- Mandate 1 recommendations about creating a standing commission to address gun violence intervention and prevention, and include a diverse representation from state agencies.
- Mandate 2 recommendations that emphasize: the implementation and evaluation of evidence-based programs or evidence-informed programs (e.g. Hospital-based Violence Intervention Program, Violence Interruption Programs/Cure Violence, Group Violence Intervention); use of trauma-informed care framework to engage at-risk individuals; training and technical assistance to improve violence prevention intervention capacity of CBO front line workers; survivor support services; place-based strategies; coordination between programs.
- Mandate 5 recommendation listed 8 objectives on which the commission should focus its effort.
- Special attention to understanding the youth's experience with violence. The youth voices listed in the report's executive summary touch on the key to addressing the root causes of community violence. I believe that addressing these points should be given very high priority by the commission.

As a researcher, I am delighted to see that the Commission highly values evidence-based and evidence-informed prevention and intervention programs. Meanwhile, I also like to point out a significant gap. Many evidence-based violence prevention programs focused heavily on modifying the individual and interpersonal factors to promote positive relationships, developing problem solving, and diffusing interpersonal conflict, but failing to address broader social and structural factors associated with violence, such as poverty, racism, discrimination, poor access to health care and education, neighborhood conditions, and poor employment opportunities, etc.. Violence has long been recognized as a public health crisis [1-5]. WHO social determinants of health framework emphasize that longstanding social and structural problems are the root causes of poor health outcomes [6]. The social ecological theory similarly emphasizes social and structural factors that influence youths' social and developmental outcomes [5]. While many

scholars and US CDC have long recognized the potential high impact and urgent need for structural intervention to address violence, research of such is very limited [4, 7-10]. This gap leaves communities experiencing high rates of violence with little or no options for evidence-based structural intervention programs. Rigorous research often takes a long time to produce evidence. Typically, evidence-based interventions were often led by researchers with limited input from community stakeholders [11], developed in controlled settings different from complex real-world settings. It takes additional time to translate this kind of intervention to fit the real-world context while keeping its key elements and a similar level of effects. However, the persistent violence prevalence in some urban centers is too pressing to wait for perfect knowledge. We must act now to seek a promising approach, and draw wisdom from people with lived experiences. I highly recommend use community based participatory action research (PAR) [11, 12] to develop and implement our own structural intervention programs for violence prevention. PAR is an action orient community-engaged research approach that emphasizes the community and researchers share equally in decision-making and ownership. In rigorous participatory action research, community stakeholders bring their expert views about issues around violence, empowered to use research methodologies to define problems of focus, use theories and scientific knowledge to develop a deeper understanding of factors associated with violence, propose hypotheses for testing, develop data collection plan, collect and analyze data, develop an action plan and conduct outcome and process evaluation.

ICR researchers are ready to be called to support the state's effort in reducing violence. We are particularly interested in collaborating with multi-sectoral community partners in conducting participatory action research, identifying and altering structural factors that are the root causes of violence. For example:

- Promoting mental and emotional health by increasing the availability of community health workers trained in psychosocial support and violence prevention intervention
- Developing safe extracurricular sports, art, and other programs for youth to engage in violence-free social engagements, mentoring, and educational opportunities;
- Building safe places in the neighborhoods for youth and families to go to;
- Connect existing networks already focused on addressing basic needs (food, housing) and building youth leadership;
- Engage local partners about place-based strategies, such as “unlawning”, and turning lawns into foodscapes or gardens.
- Strengthening job training and increasing employment opportunities
- Connecting youth and families with viable resources

ICR researchers also like to contribute research and technical expertise in:

- Efforts to effectively reduce the level of risks and increase the protective factors in the community
- Strengthen the community's ability in collecting, managing, and sharing of data needed to track the program implementation process, monitoring and addressing service gaps, and assessing program effectiveness
- Assist the most impacted communities in conducting asset mapping, identifying services gaps, and coordinating service

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**Testimony from Kathy Engle-Dulac, MSW,
Director for CT Youth Food Program Alliance**

Through the work of the CT Youth Food Program Alliance (a network of teen-serving urban agriculture programs focused on addressing food system issues and building youth leadership) ICR has had the honor of hearing from nearly 2,000 young people since 2015 about what is happening in their communities and how it affects them. While the majority of our conversations and work in this project focus on food access in historically marginalized communities, the second most common topic of conversation among these teens is the heavy burden of violence in their lives. While many of these young people come from happy, if economically stressed, homes, they also experience tension, pain, and loss in their communities due to violence. Many have sought mental health care through their urban agriculture programs because the burdens of violence, particularly the loss of young lives to guns, have struck them so deeply. Urban agriculture programs excel at teaching teens how to rely on themselves and each other, but struggle to offer useful and effective grief processing services. It simply is not their mission. The capacity of these programs rarely includes mental health care on-site, but their participants need and deserve it.

If these experiences for ICR have emphasized one thing over the past near-decade, it is the importance of accessible mental health care through effective nonprofit programs. Connecting mental health resources to effective nonprofit programs would help to break down barriers to care, address stigma that prevents many from seeking mental health care, and would address some of the mental health needs among vulnerable youth populations. Currently, such access does not exist for most programs. Individual staff members are called upon to make referrals to outside programs, further distancing any young people seeking such care from their peers and the networks of support they may need to make mental health progress permanent for themselves. The young people seeking help rarely follow through when they are given a referral (since 2015, of the 85 youth seeking grief counseling or mental health support in Alliance programs, only 4 referrals to outside agencies were made. Of those referrals, none were followed through on that we are aware of. What these programs seek is what schools offer students when a tragedy occurs within the student body; they seek a team of trained and experienced, culturally-appropriate counselors able to touch base with existing teen programs when the need is present. Such a team could offer training on actionable community care, advocacy (for self and community), and support for staff seeking to minimize pain and maximize joy for their participants.

While such a program would not necessarily immediately address violence, it would build the skills and capabilities of youth and their program staff to address very real and pressing needs when they arise in the aftermath of violence, rather than forcing them to “work around” such needs in order to meet their program goals. While 211 does address crisis needs, these youth rarely present with needs that would meet the definition of “crisis” (at immediate risk of causing harm to oneself or others), so 211 is not seen as a viable option for accessing care. In addition, 211 recommends care that is off-site and outside of program time, limiting accessibility for many of the youth these programs serve.

The work this committee is doing is so important to the young people the Alliance gets to build up and watch develop into leaders. Access to a program such as the one described above could make a dramatic difference for these young participants and the communities they return to daily to lead toward a brighter future. Thank you for this opportunity and for the good work you do.

Testimony from Rosely Gonzalez, Project Coordinator

As a project coordinator for a study working with young adults experiencing homelessness, I realized the intense impact that violence has on our youth and young adults. Through interviews and open conversations, it appeared that many young adults that are trying to do good for themselves go into seclusion and they tend to stay indoors or isolate themselves just to stay out of trouble. One of the outlets that I noticed in many of my participants was that they turned to physical activity. For instance, one individual turned to MMA and lifting weights. He couldn't afford to pay for the gym membership but worked out a deal with the owner of the facility and worked for them cleaning and covering the front desk in exchange of a membership there. This was a rare opportunity for this person and he knew it. He said to me "if I didn't have the punching bag to turn to I would be punching someone's face".

Ways that I feel could be useful collaboration points for ICR and other community organizations:

Collaboration effort in connecting to outlets such as a boxing facility, or running group where they can focus on teaching youth different outlets to express their feelings of anger or frustration.

Conduct community conversations with not just local parents but also with individuals who have been incarcerated due to not having the necessary outlets and making poor choices.

Testimony from Dr. Jean Schensul, Founding Director and Senior Scientist:

During the period 2000 to 2010, ICR conducted three studies of youth lifestyle, youth engagement with school, community organizations, friendship networks, family life, drug use, and exposure to violence in Hartford, with Black and Latinx youth ages 16 – 28. These studies reflected similar demographics and circumstances. Mean age was 21. In the first study of youth who reported using alcohol or marijuana and one other drug, Of those who reported being a perpetrator or a victim of violence, an average of 40% had not completed high school and approximately 60% were unemployed. 30% reported being actively involved in drug selling. 70% were unemployed. These young people reported difficulties in school, challenging family environments, limited resources, risky behavior at school, no involvement in school athletics, high levels of ADHD and diagnosed depression. Significantly more reported carrying a gun in the past 30 days, and more reported thinking about or actually trying to kill themselves. In the second study of "club drug lifestyle", more youth were in or had completed school (80%), 61% were not employed, and about 55% had been involved with drug use in the past. In both studies, perpetration of violence, victim of violence, witnessing of violence and involvement in gun related violence was

associated with various types of drug use, going to parties and clubs, and significant mental health problems. Mapping of locations of victimization, perpetration and witnessing showed that they tended to take place along the major avenues in the city (Main Street, Albany Avenue, Franklyn Avenue, Wethersfield Avenue) and in specific social venues. During that time, gun ownership by young teens 13 and 14 was increasing. Young people reported difficulty finding someone to talk to about their problems challenges in school, challenges in the court system, limited resources, and a variety of mental health symptoms and diagnoses. In the third study, young people both male and female reported using drugs such as ecstasy not for fun, but to address health and relational problems.

Participatory Action Research is a group approach shown to result in improved communication, leadership skills, conflict resolution, problem solving, and efficacy to address issues that participants face and would like to confront with solutions. In a very significant ICR three year participatory action research project, Hartford teens decided to study and address the issue of hustling. Hustling is street or informal selling of a variety of products that are confiscated, stolen, duplicated or otherwise illegally or semi-illegally acquired. Hartford teens found that hustling was concentrated in specific areas of the city, and that teens were selling everything from hair products to re-recorded music as well as marijuana and other drugs, putting themselves at risk for police harassment, possible street violence, and arrest. The primary reason for hustling was helping with household finances. Teens proceeded to argue that the solution to hustling was providing jobs and job training for young people in the city. They successfully advocated for state funding to support these activities and were able to promote job seeking and hiring through their schools. This type of approach ensures that young people especially those of color, are doing something FOR their communities and are recognized and praised for their contributions. Hartford and other cities need more programs like this to enable youth to understand the conditions that affect them, and develop tools to confront them including violence prevention.

In Hartford and other cities in the state, the structural and social conditions that produce these results especially for boys and young men, have not changed over the past decade. In recent years, and exacerbated by the COVID pandemic, they have, in fact, worsened as a result of reduced household incomes, crowding during quarantine periods, disconnection with school, reduced communications and conflict resolution skills as a result of isolation, and increased gun violence. It is important to keep in mind that violence permeates youth culture and experience. Some youth live with violence experience at home, at school (violent language, bullying, coaching that encourages violence), through the media, video games, music, and among their peers. Improving school experiences for young people, increasing their opportunities to obtain responsive counseling for learning and emotional problems including suicide and suicidal ideation, creating opportunities for sports and other safe and monitored after school activities for youth of all ages. creating incentives and linkages from high school to work careers or college and providing supports for families undergoing crises are critical to ensure equity for Hartford young people. Further, legislative and any other efforts to limit the ability of young people to obtain weapons, and conflict resolution training and intervention are critic