

# Professional Development Conference: October 7, 2025

## Pediatric Gun Violence: Immediate and Long-Term Management

Abhishek Dutta, DO

**Today's activity code: 81zeds**

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**St. Christopher's  
Hospital for Children**

A PARTNERSHIP OF TOWER HEALTH  
AND DREXEL UNIVERSITY

# Pediatric Gun Violence: Immediate and Long Term Management

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St. Christopher's  
Hospital for Children  

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# Disclosures

I have no conflicts of interest or disclosures  
in relation to this program/presentation.



# Goal

Equip pediatric providers with evidence-based strategies to manage and prevent firearm injuries in children.

# Learning Objectives

1. Analyze the impact of firearm injury via a pediatric patient case.
2. Describe trends in pediatric firearm injuries on both a local and national level.
3. Review evidence-based protocols in pediatric trauma resuscitation specific to firearm injury.
4. Apply preventative strategies against firearm injury into routine clinical care.

At this time...

Please join us in taking a  
moment of silence to  
honor the children and  
families affected by  
pediatric gun violence.





# Outline

Patient  
Case

Trends in  
Firearm  
Injuries

Transfusion  
Protocols

Prevention  
Strategies  
and  
Resources

## Teen shot and killed in front of church in North Philadelphia



By [Corey Davis](#)

Friday, August 1, 2025



### DEADLY TRIPLE SHOOTING

Watch the 6abc Philadelphia 24/7 stream featuring Action News, AccuWeather and Entertainment

Source:

6ABC Action  
News

(Corey Davis,  
2025)

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# Patient Case

“J.R” is a 17 year old male with no known past medical history presenting via private vehicle at 2:00 AM with:

- GSW to right flank
- GSW to right lower extremity
- Severe abdominal tenderness and guarding

Due to severity of presentation, **Level 1 Trauma** protocol was activated.

# Patient Case

VS: T 37 C, HR 145, RR 36, BP 74/27, SpO2 93%, Wt 56.1 kg

# Patient Case

VS: T 37 C, HR 145, RR 36, BP 74/27, SpO2 93%, Wt 56.1 kg

## Primary Survey:

- **A:** Airway intact, verbalizing pain
- **B:** L breath sounds decreased, normal work of breathing
- **C:** Femoral/DP/PT pulses 2+, warm & well perfused extremities
- **D:** GCS 14, PERRLA
- **E:** R flank and R calf entry wounds without active bleeding

# Patient Case

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- **BMP:**  $\text{CO}_2$  15.5,  $\text{HCO}_3$  21.4,  $\text{Na}^+$  132,  $\text{Cl}^-$  108, Anion Gap 32
- **CBC:** Large Platelets, Macrocytes; Hemoglobin 14.7
- **Coagulopathy:** PT 18.9 seconds (high), aPTT 48.7 seconds (high), Fibrinogen 146 (low)
- **Pancreatic Enzymes:** Amylase 179, Lipase 205
- **Arterial Blood Gas:** notable for a  $\text{HCO}_3^-$  of 21.4, pH of 7.414

# Lab Interpretation

- **Compensated metabolic acidosis:**  $\text{CO}_2$  8.8–15.5,  $\text{HCO}_3$  21.4, Anion Gap 32, pH 7.414
- **Coagulopathy:** PT 18.9, INR 1.5, aPTT 48.7, Fibrinogen 146
- **Pancreatic enzymes elevated:** Amylase 179, Lipase 205

# Chest X-Ray

- Small left tension pneumothorax
- Bullet fragment

Source: Simulated Patient Case Data, St. Christopher's Hospital



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# Abdominal X-Ray

- Free air suggesting bowel injury
- Bullet fragments in chest & abdomen

Source: Simulated  
Patient Case Data, St.  
Christopher's Hospital



# Patient Case: Assessment

"J.R." is a 17 year old male with no significant Past Medical History who presents to the E.D. with:

- Multiple GSWs to abdomen & extremities
- Developing acute hemorrhagic shock as shown by hypotension, tachycardia
- Compensated metabolic acidosis
- Intrathoracic and intraabdominal injuries suggestive of pneumothorax and other organ rupture.



# Patient Case Management

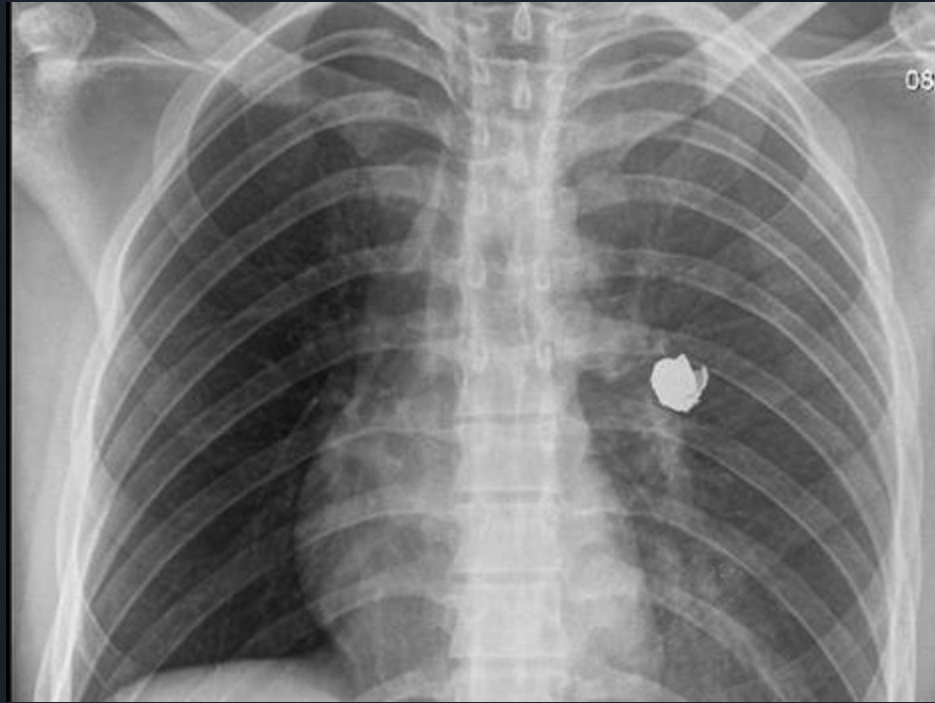
Massive transfusion protocol (MTP): to treat uncontrolled hemorrhage, coagulopathy, acidosis

- Emergency laparotomy for hemorrhage control
- Bowel/vascular repair, packing, drains
- Admission to ICU for further care

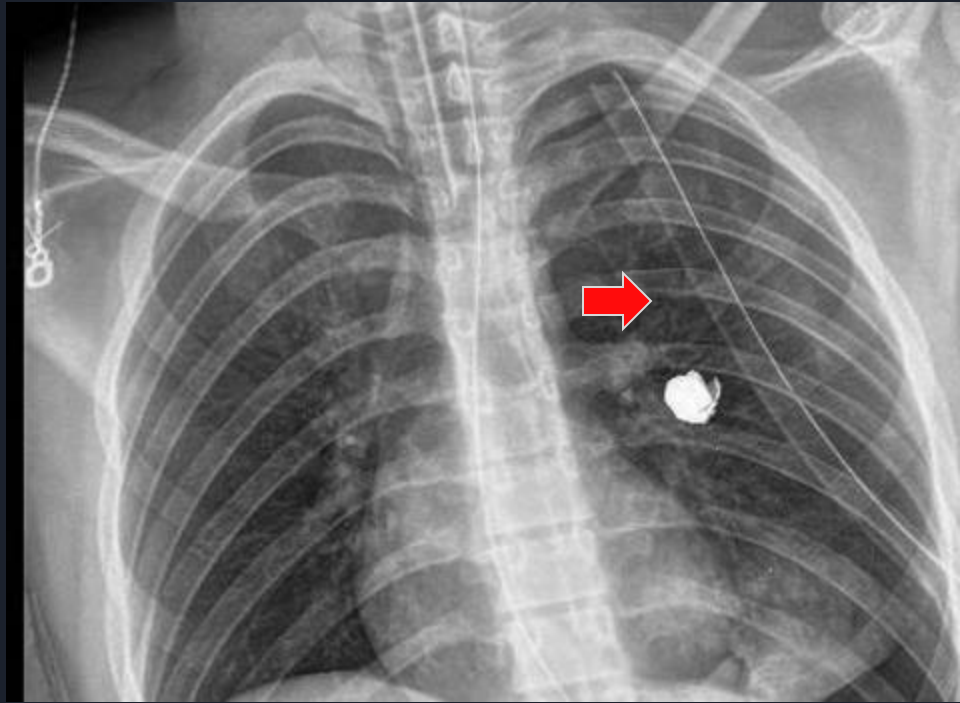


Goal: Stop bleeding, restore circulation, prevent “lethal triad”

# Before chest tube



# After chest tube



Source: Simulated Patient Case Data, St. Christopher's Hospital  
eeds code: 81zeds

# Recap of Patient Case

- "J.R." presented with multiple gunshot wounds, necessitating a trauma level 1 activation
- Broad but efficient diagnostic workup was needed to assess his severity: physical exam, labs and imaging
- A massive transfusion protocol, surgical exploration and ICU level care were integral in his care



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J.R. is one of many Philadelphia teens who has experienced firearm injuries.

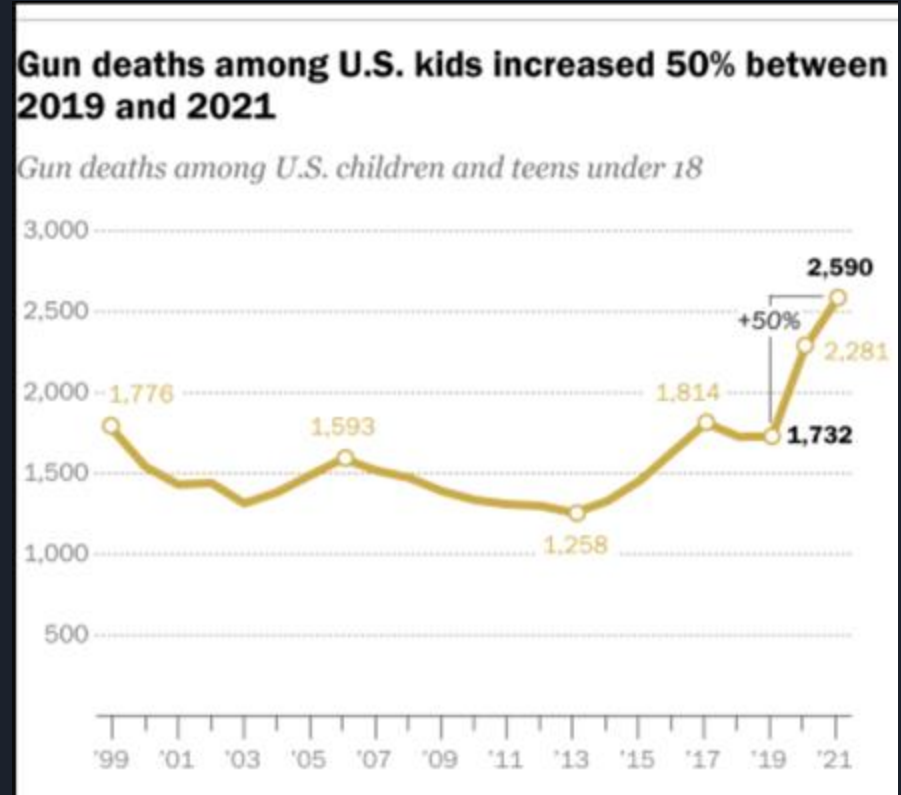
How are his injuries reflected through national and local trends?

# Trends in Pediatric Firearm Injury

- Firearm homicide rates in the U.S. now peak at **age 19**, shifting from the previous peak at age 21 (JAMA Pediatrics, 2025).
- Unfortunately, homicide rates **have doubled** in children aged 10-16 compared to pre-pandemic levels.

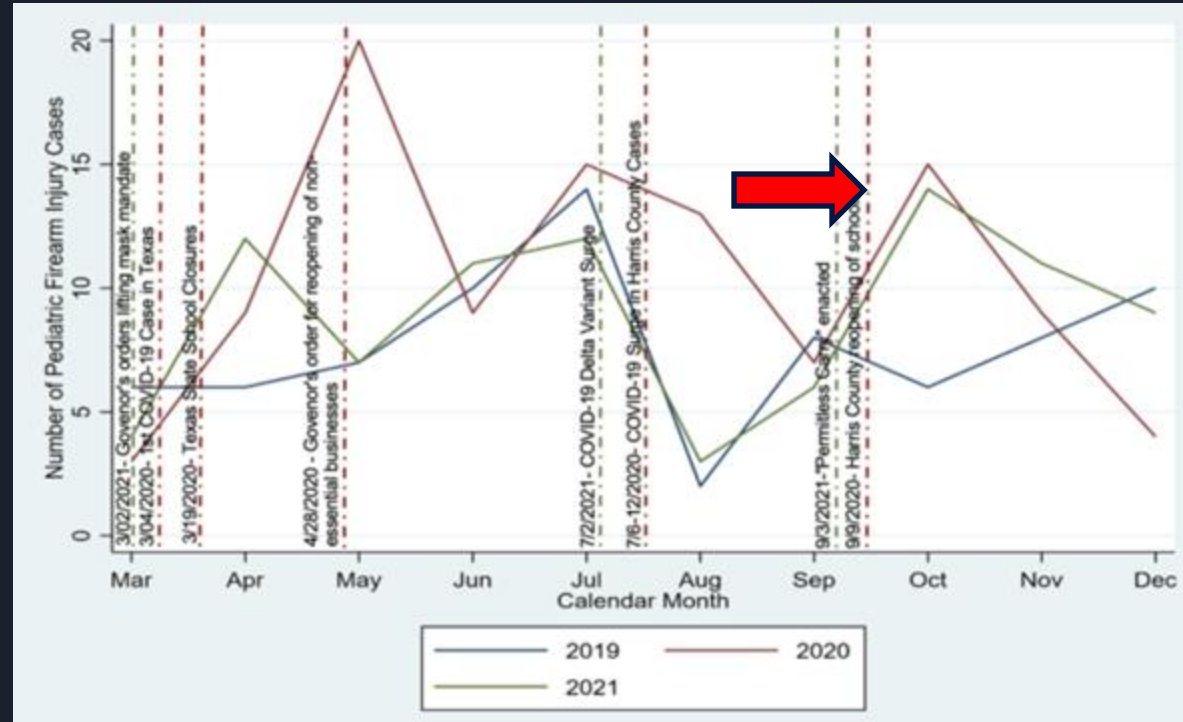
# Trends in Pediatric Firearm Injury

- Gun deaths in kids increased about ~50% from 2019 to 2021 (Pew Research Center, 2023)
- Driven mostly by **homicides/assaults**



# Trends in Pediatric Firearm Injury

- Monthly pediatric firearm cases increased about ~50% from 2019-2021 (Houston Pediatric Trauma Center, 2019-2021)





What does the Covid-19 Pandemic have to do with increase in firearm injuries?

# Trends in Pediatric Firearm Injury

- Firearm deaths among ages 0–19 rose from 3.1 per 100,000 in 2014 to 5.5 per 100,000 in 2023,
- This statistic confirmed firearms are the leading cause of death in this group (Children's Safety Network, 2025).

# Trends in Pediatric Firearm Injury

- National data has found unintentional firearm injuries rose from 42% in 2016 to 54% in 2022 (Pediatric Trauma Society, 2025).
- 77% of unintentional firearm injuries in children aged 0–4 years.
- Most victims were from low-income, Medicaid-insured families in densely populated urban areas.

# Trends in Pediatric Firearm Injury

- Black youth = 4–5x higher firearm homicide rates than White youth (CDC WONDER, 2023 data)
- The firearm suicide rate in Black children (1.8 per 100,000) surpassed that of White children (1.6 per 100,000) in 2022 and was the highest of any ethnicity in 2023.



# Trends in Pediatric Firearm Injury

- Rural youth have higher suicide rates with firearms (JAMA Network Open, 2024)
- Medicaid/uninsured youth have worse outcomes, higher reinjury risk (Front Public Health, 2024)



## MORE FACTS



Access to a firearm in your home triples the risk of suicide. The reason: Studies reveal that when a firearm is the method for suicide, it is fatal 9 out of 10 times.



Black Pennsylvanians are 21 times more likely to be killed by a gun than white residents.



A mass shooting is defined as four or more people being injured or killed with a firearm. There is one every 10 days in PA on average.



Firearms are the leading cause of death for Pennsylvanian children. Over the course of five years, more than 1,100 children were shot before turning 18--313 were killed.



Pennsylvania ranked 8th in the nation from 2012 to 2014, for highest number of guns exported to other states and recovered in crimes, with a total of 5,844 such guns

# Recap of Trends in Pediatric Firearm Injury

- Firearms = #1 cause of death in U.S. children (2020–2025)
- Disparities: Black youth 4–5x higher risk
- Rural youth have a higher suicide risk

# Why are Deaths due to Gun Violence Increasing?



# Mortality Trends

- States with permissive laws surrounding firearm acquisition have demonstrated 6,029 greater child deaths by firearm between 2011–2023 (JAMA Pediatrics, 2025).
- States with stricter laws reported fewer deaths due to gun violence than predicted by the national average.
- This effect is not seen with non-firearm causes of mortality.

# Mortality Trends

- Ghost guns: untraceable, unserialized, 3D-printed / kit-built firearms cause increased youth access (ATF/DOJ Report, 2024)
- Machine gun convertors (“switches”): convert semi-auto pistols → full-auto fire



# Mortality Trends

Despite pediatric firearm injuries being the leading cause of death, research for firearm injury prevention receives significantly less funding than research for pediatric cancer or vehicle safety (Pediatrics, 2025).


# Federal Funding For Research On The Leading Causes Of Death Among Children And Adolescents

Federal research awards and corresponding peer-reviewed publications in PubMed focusing on selected causes of mortality among children and adolescents ages 1–18, 2008–17

Cause of mortality	Deaths	Research awards <sup>a</sup>	Funding for research (\$)	Mean funding per year (\$ millions)	Research dollars per death (\$)	Publications
Motor vehicle crash <sup>b</sup>	33,577	186 <sup>a</sup>	877,589,272	88	26,136	2,223
Firearm injury <sup>c</sup>	20,719	32	12,368,889	1	597	540
Cancer	17,111	5,168	3,345,352,670	335	195,508	50,235
					33,782	2,193
Congenital abnormalities	9,627	759	357,597,201	36	37,145	7,716
Sepsis	1,602	213	94,179,634	9	58,788	4,514
Diabetes	697	396	201,424,461	20	288,987	5,781
Meningitis	400	64	33,094,457	3	82,736	3,316
HIV	91	1,996	2,310,475,179	231	25,389,837	16,087
Tetanus	0	15	4,029,047	0.4	4,029,047 <sup>d</sup>	1,480

Source: Cunningham, et. al. 2019

# Federal Funding For Research On The Leading Causes Of Death Among Children And Adolescents

Cause of mortality	Deaths	Research awards <sup>a</sup>	Funding for research (\$)	Mean funding per year (\$ millions)
Motor vehicle crash <sup>b</sup>	33,577	186 <sup>a</sup>	877,589,272	88
Firearm injury <sup>c</sup>	20,719	32	 12,368,889	1
Cancer	17,111	5,168	3,345,352,670	335

Source: Cunningham, et. al. 2019

# Mortality Trends

Mortality rates due to Gun Violence are increasing because:

- Easier access
- Permissive laws
- Untraceable weapons

# What are trends for firearm injuries in Philadelphia?

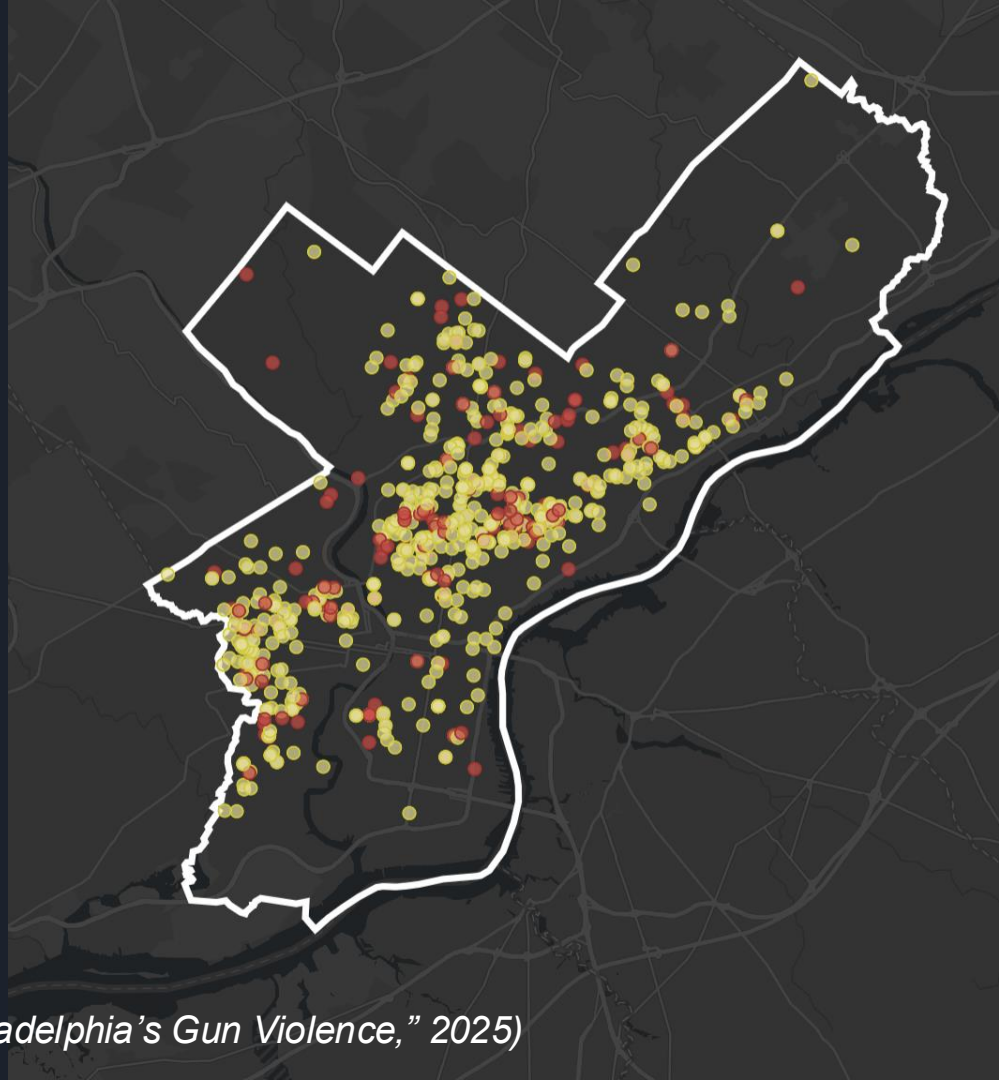


# Mapping Philadelphia's Gun Violence

There have been 166 homicides in 2025, a 16% decrease from 2024.

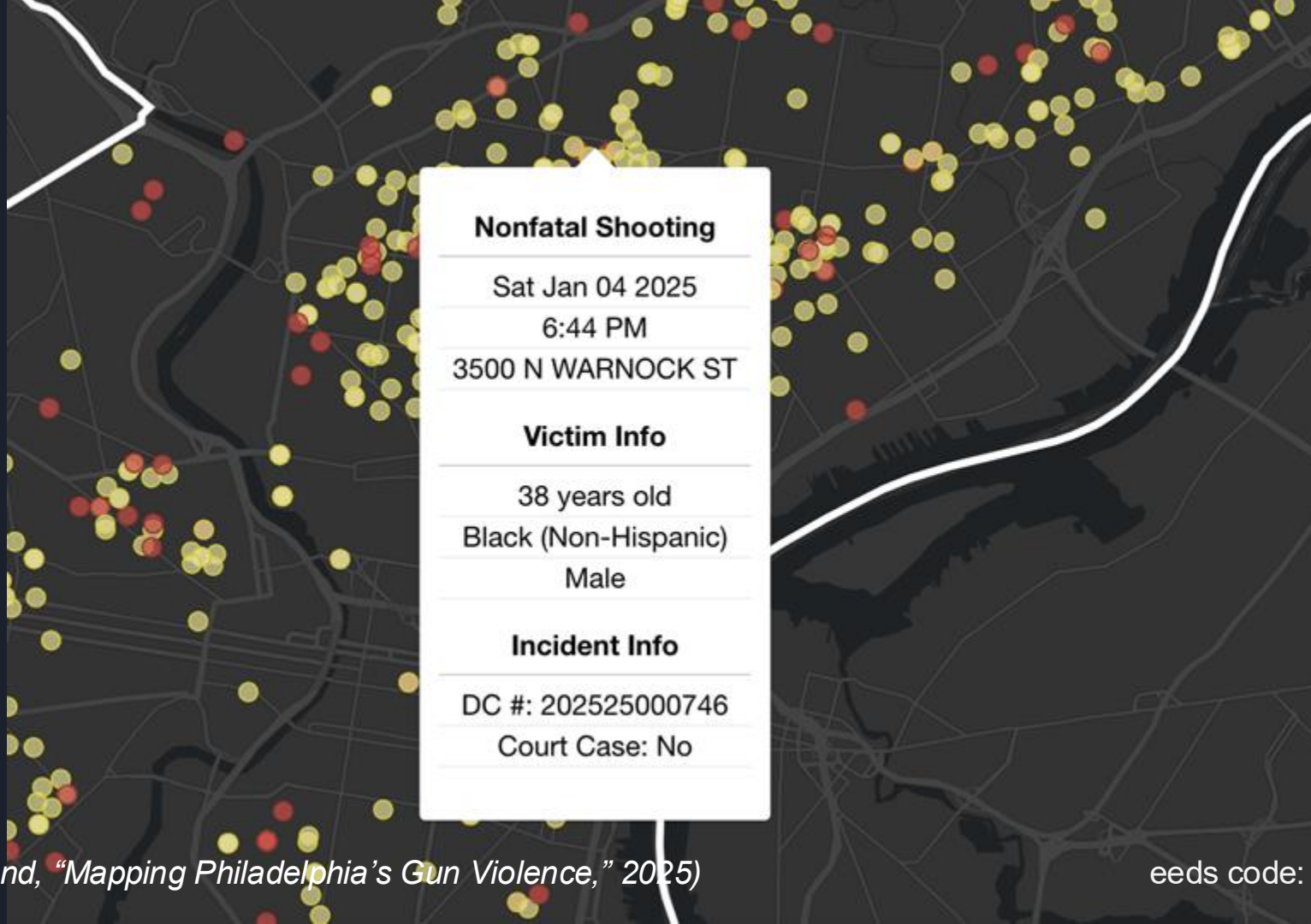
This app maps the victims of gun violence: 604 nonfatal and 153 fatal shooting victims so far in 2025.





*(Nick Hand, "Mapping Philadelphia's Gun Violence," 2025)*

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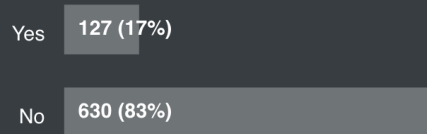
(Nick Hand, "Mapping Philadelphia's Gun Violence," 2025)

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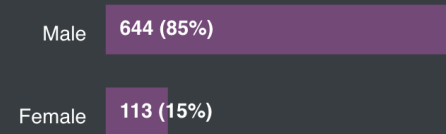
### Outcome



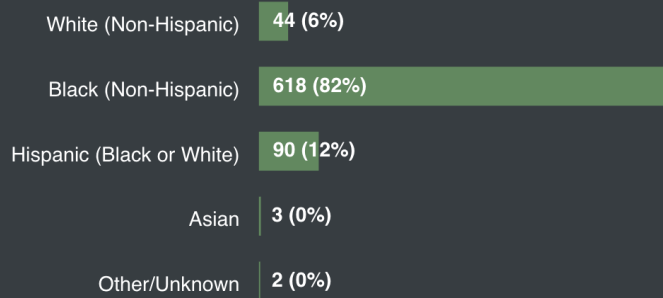
### Associated Court Cases



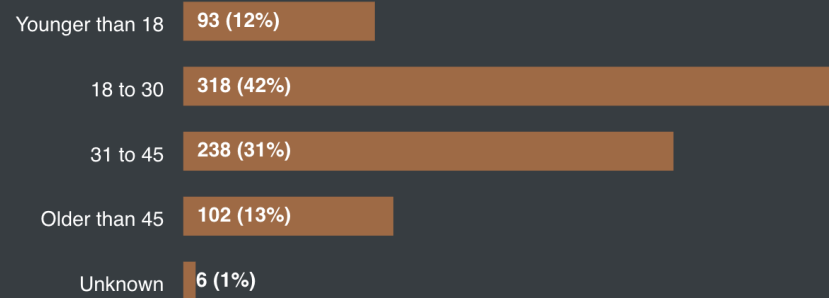
### Gender



### Race/Ethnicity



### Age

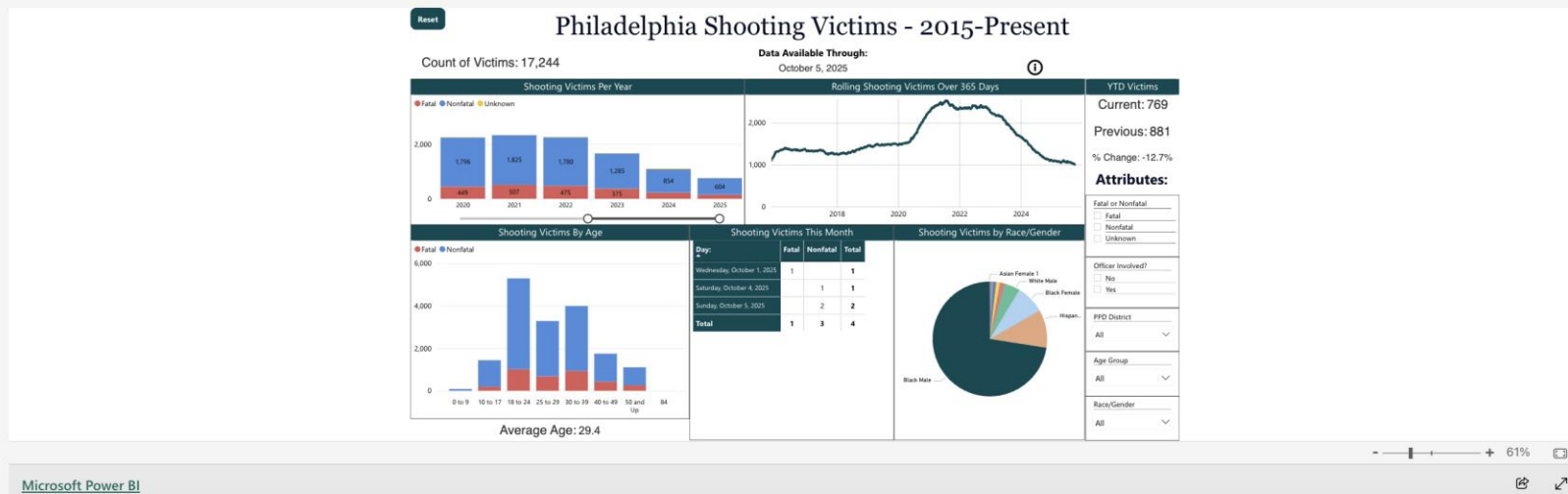


VISIT: [IMPACT.PCGVR.ORG](https://IMPACT.PCGVR.ORG)

## Philadelphia Shooting Victims Dashboard

The public data informing this dashboard is usually updated every few days. Scroll down for instructions and more information.

(Philadelphia Center for Gun Violence Reporting, Philadelphia Shooting Victims Dashboard, 2025)

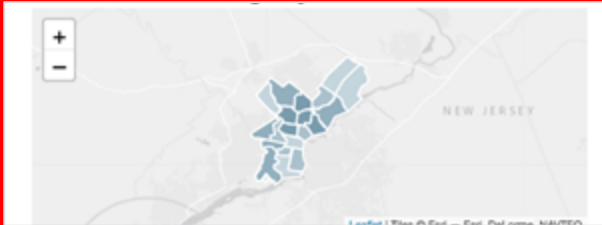


# Shooting Victims

Criminal Shooting Victims and Officer Involved Shootings from 1/1/15 Through Yesterday

(Philadelphia Center for Gun Violence Reporting, Philadelphia Shooting Victims Dashboard, 2025)

## Number of Shooting Victims by Date



## Number of Shooting Victims by Officer Involved

Whether a Police Officer was involved in the shooting.



## Shooting Victims

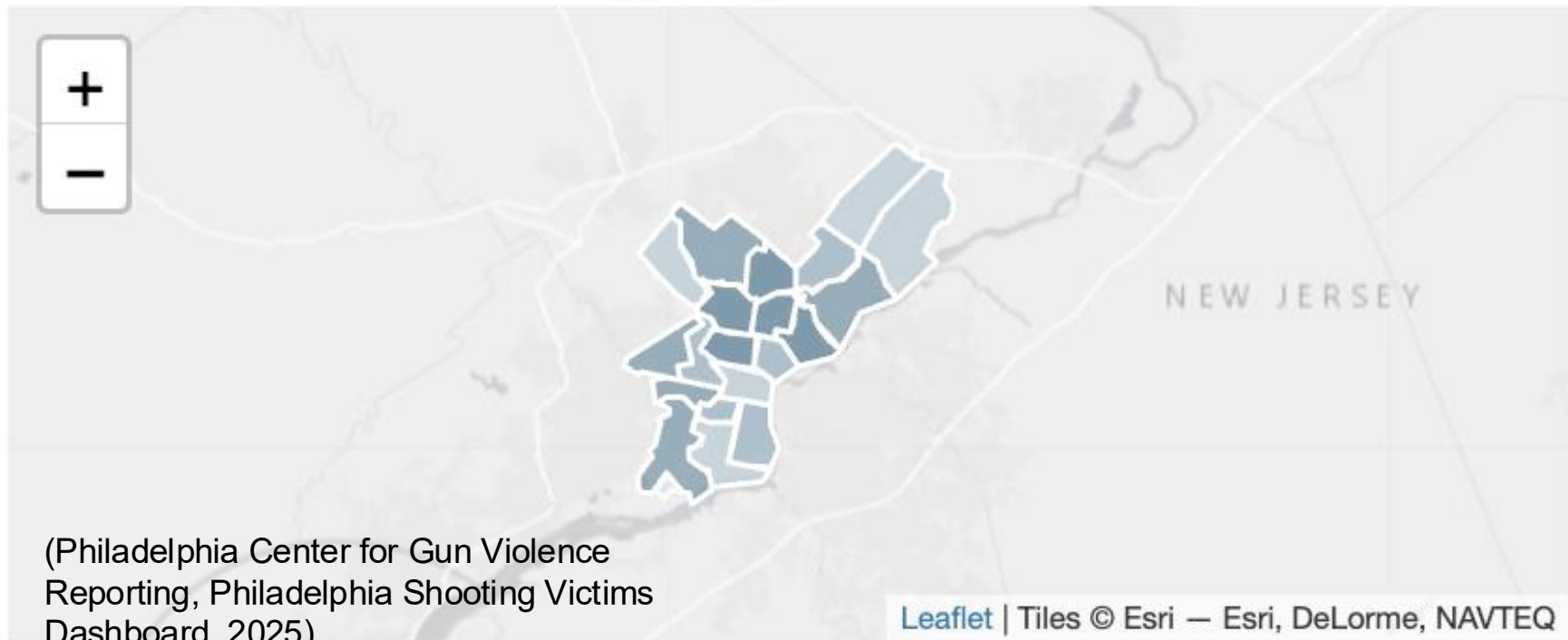
Show 10 entries

Search:

year	dc_key	code	date_	time	race	sex	age	wound	officer_involved	offender_injured	offender_de
2025	202522069626.00000000	100	2025-09-16T00:00:00Z	00:19:00	B	F	27	Back	N	N	N
2025	202525064364.00000000	400	2025-09-16T00:00:00Z	22:45:00	W	M	46	Leg	N	N	N
2025	202539069565.00000000	400	2025-09-15T00:00:00Z	02:53:00	B	F	66	Abdomen	N	N	N

needs code: 81zed

# Number of Shootings by Police District



(Philadelphia Center for Gun Violence  
Reporting, Philadelphia Shooting Victims  
Dashboard, 2025)

Leaflet | Tiles © Esri — Esri, DeLorme, NAVTEQ

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# Recap of Trends in Philadelphia

- **Hotspots:** North & West Philly
- **Racial Disparities:** Black youth most affected
- **Trends:** Injuries have increased since 2020, clustering by police district
- **Implication:** Resources must target high-risk neighborhoods



# Outline

Patient  
Case

Trends in  
Firearm  
Injuries

Transfusion  
Protocols

Prevention  
Strategies  
and  
Resources



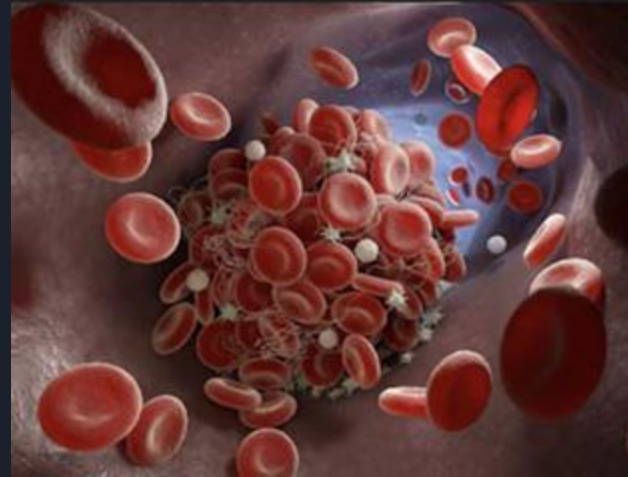
# Massive Transfusion Protocol

- After CNS injury, hemorrhage is the 2nd leading cause of death among trauma patients within the first hour of arrival at a trauma center.
- Massive transfusion protocols (MTPs) are essential frameworks for rapidly managing severe hemorrhage, particularly in trauma scenarios



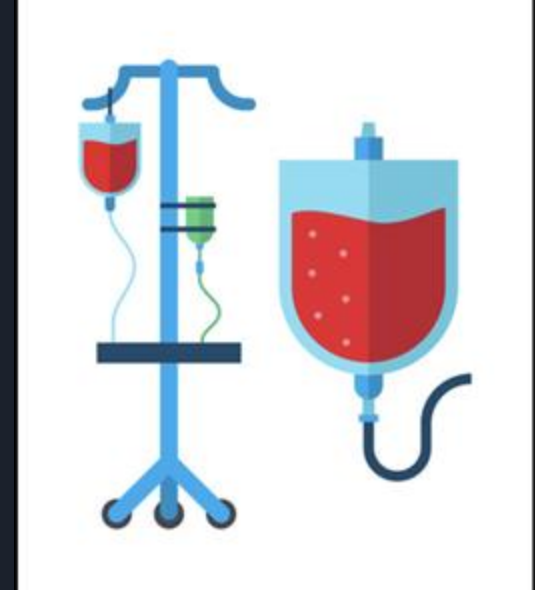
# Massive Transfusion Protocol

- A Massive Transfusion Protocol involves administering 10 or more units of whole blood or packed red blood cells (PRBCs) within 24 hours.



# Massive Transfusion Protocol

- The primary objective of a massive transfusion is to prevent fatal outcomes resulting from critical hypoperfusion while striving to attain hemostasis through surgical, endoscopic, interventional radiological, or alternative interventions.



# Massive Transfusion Protocol

- Any situation resulting in acute blood loss and hemodynamic instability is a potential indication of a massive transfusion.



## SCOPE:

SCH Providers, Nurses, Blood Bank technicians

## PURPOSE:

At St. Christopher's Hospital for Children (SCHC) patients who experience excessive bleeding may be managed with a massive transfusion protocol (MTP) to minimize morbidity and mortality from both exsanguination and the transfusion of blood components.

## POLICY:

This section is to provide guidelines for the care of patients who require massive blood component

## DEFINITIONS:

- A. **Massive Blood Transfusion:** one of the following [1]
1. Transfusion of more than 50 percent of total blood volume within three hours
  2. Transfusion of more than 100 percent of total blood volume in 24 hours
  3. Transfusion support to replace ongoing blood loss of more than 10 percent of total blood volume per minute
- B. **Estimated Blood Volume:** the total amount of blood that circulates in the body of an individual. Estimates of total blood volume are calculated as follows [2]:
- |                          |               |
|--------------------------|---------------|
| Preterm infant           | 100-120 mL/kg |
| Newborn to three months  | 90 mL/kg      |
| Three months to one year | 70-80 mL/kg   |
| One year to Adult        | 65-70 mL/kg   |

venous access.

1. Large bore, short catheters are ideal.
2. When a central venous access is considered for rapid fluid and blood component resuscitation, a single lumen, large bore catheter is ideal and must be weighed against the need for access to deliver other medications, etc.

# Massive Transfusion Protocol

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- (St. Christopher's Hospital, Massive Transfusion Protocol, 2025)

# Massive Transfusion Protocol

Key components of MTPs include:

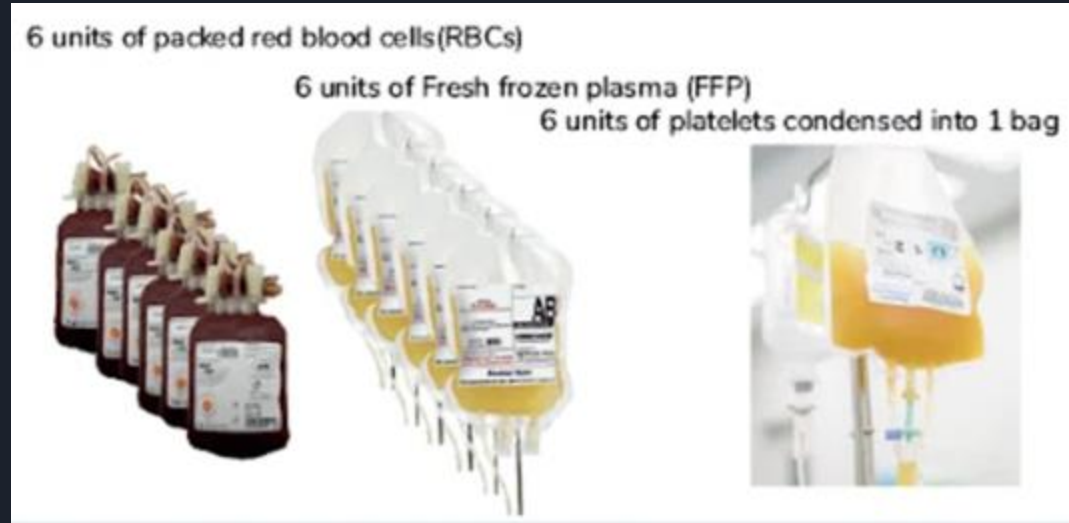
- packed RBCs
- plasma
- platelets
- tranexamic acid (TXA)





# Massive Transfusion Protocol

- MTP blood products are given in a ratio of 1:1:1 for units of plasma to platelets to packed red blood cells
- This ratio most closely mimics whole blood





# Transfusion of Plasma, Platelets, and Red Blood Cells in a 1:1:1 vs a 1:1:2 Ratio and Mortality in Patients With Severe Trauma

## The PROPPR Randomized Clinical Trial

John B. Holcomb, MD<sup>1</sup>; Barbara C. Tilley, PhD<sup>2</sup>; Sarah Baraniuk, PhD<sup>2</sup> ; [et al](#)

PROPPR stands for:

Pragmatic, Randomized, Optimal Platelet and Plasma Ratios  
(PROPPR Trial, 2015)



# Massive Transfusion Protocol

- Multisite, randomized phase III trial of 680 severely injured patients at 12 Level 1 Trauma Centers.
- Patients randomized to 1:1:1 vs 1:1:2 product ratios during active resuscitation

(PROPPR Trial, 2015)



# Massive Transfusion Protocol

- Primary outcomes: 24 hours and 30 day mortality
- Secondary outcomes: Deaths from exsanguination (losing such a significant amount of blood leading to death) at 24 hours and rates of achieving hemostasis (the body's way of stopping bleeding)

(PROPPR Trial, 2015)



# Massive Transfusion Protocol

- Primary outcomes showed no statistically significant difference mortality at 24 hours (12.7% vs 17.0%;  $P=.12$ ) or at 30 days (22.4% vs 26.1%;  $P=.26$ )


(PROPPR Trial, 2015)



# Massive Transfusion Protocol

- Secondary findings showed fewer deaths from exsanguination at 24 hours in the 1:1:1 group (9.2% vs 14.6%;  $P=.03$ )
- Higher rates of achieving hemostasis were found in the 1:1:1 group as well (86% vs 78%;  $P=.006$ )

(PROPPR Trial, 2015)



# Recap of Massive Transfusion Protocols

- Massive transfusion is an essential life-saving intervention.
- Implementing MTPs reduced the percentage of hemorrhage-related deaths in a center from 38% to 25% (Jennings et al., 2024).
- Administering platelets and FFP at an earlier stage in the process decreases mortality

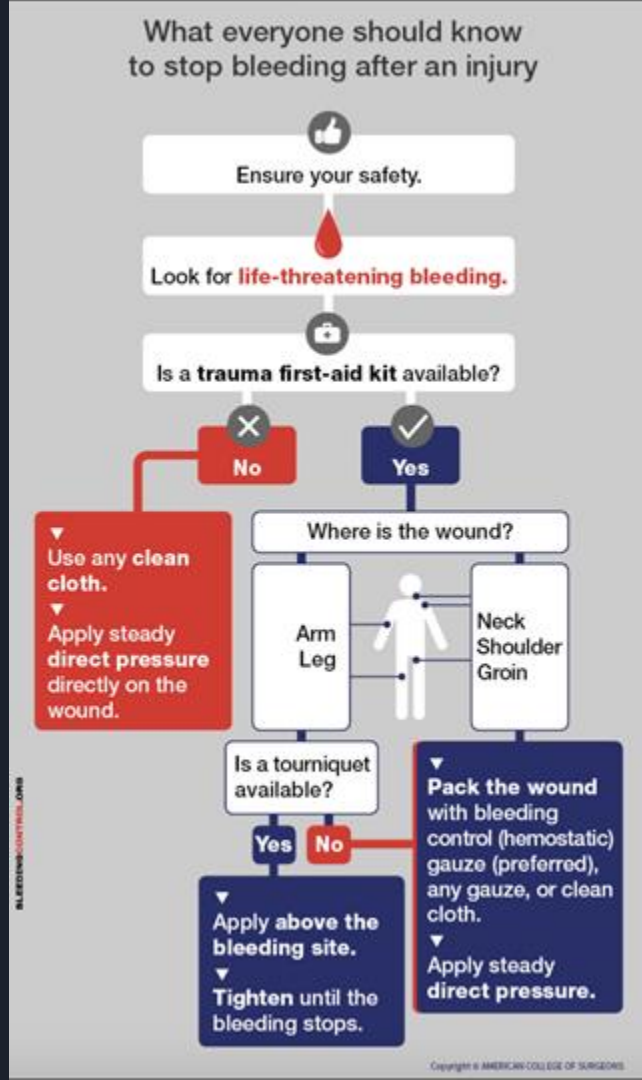
Massive transfusion protocols are incredibly useful in preventing mortality from hemorrhage.

But what can we do to stop the bleeding without these blood products or surgical intervention?

# What can you do when someone is bleeding?

Source: American College of Surgeons (BleedingControl.org)

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# What can you do when someone is bleeding?

Source: American  
College of Surgeons  
(BleedingControl.org)



# STOP the Bleed Kits



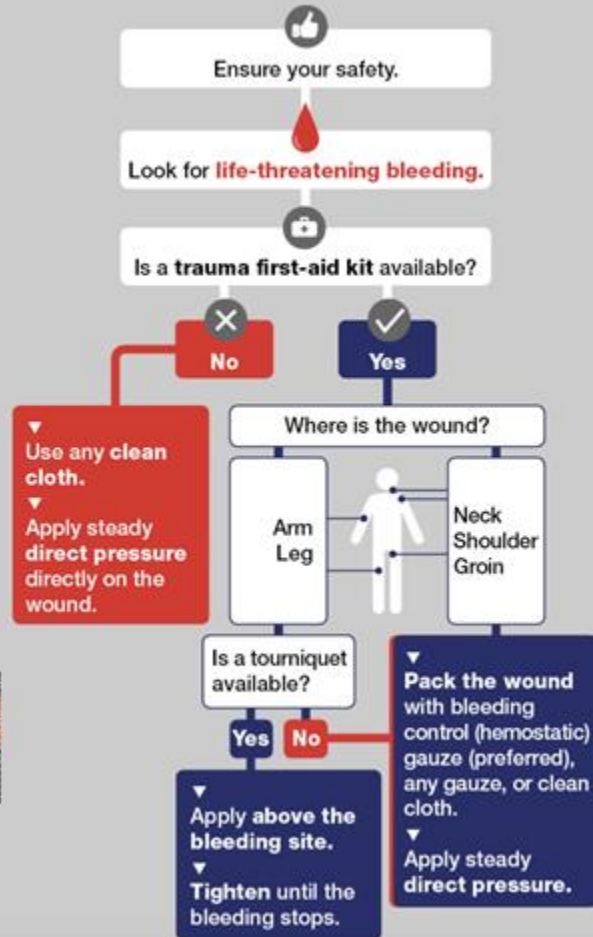
Source: American  
College of Surgeons  
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# STOP the Bleed Kits

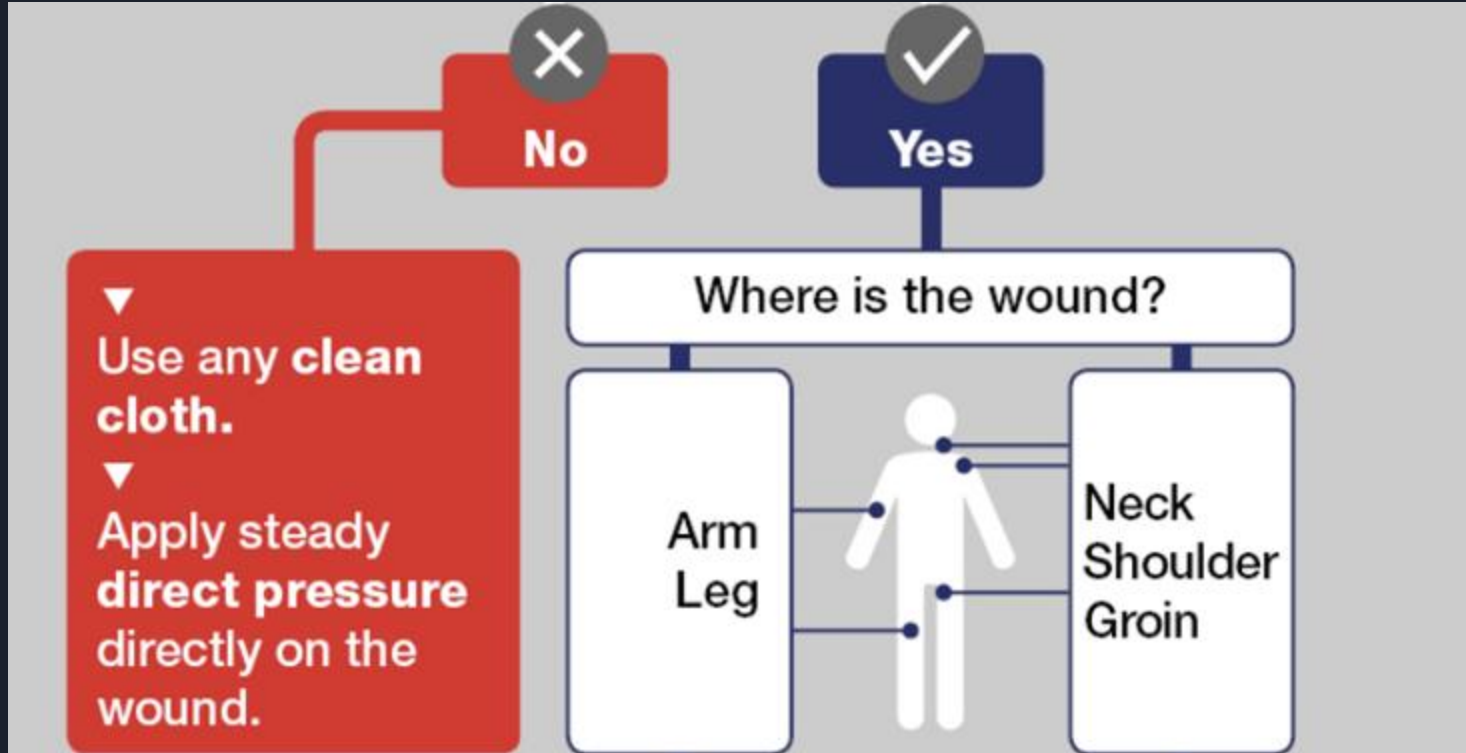
Source: American  
College of Surgeons  
(BleedingControl.org)



# What everyone should know to stop bleeding after an injury

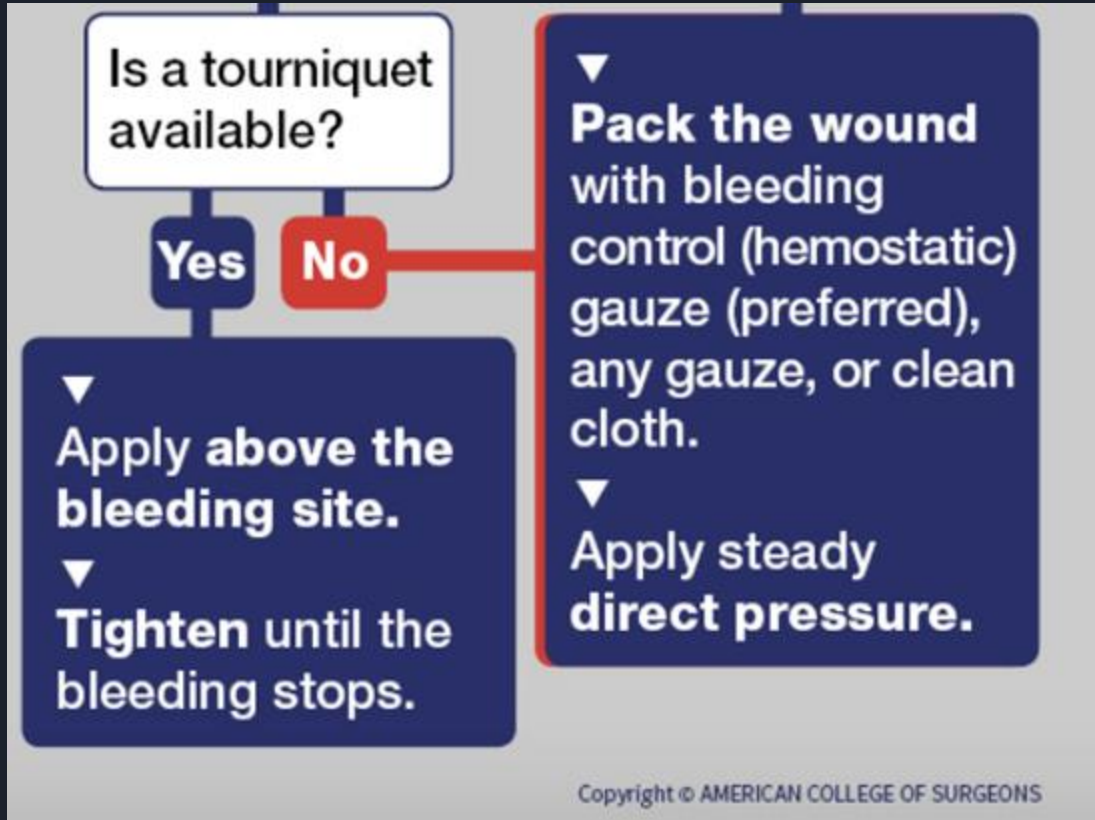


# Key components of using a Stop the Bleed Kit



# Key components of using a Stop the Bleed Kit

Source: American  
College of Surgeons  
(BleedingControl.org)





# Recap of Stop the Bleed Kits

- Stop the Bleed: immediate hemorrhage control saves lives
- Knowledge is essential: knowing the steps to control bleeding and hospital policy can guide care



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"J.R." is recovering well from his injuries and returns for outpatient follow-up.

He and his family ask about resources for his long term care - what can we provide?



# Prevention Strategies and Resources

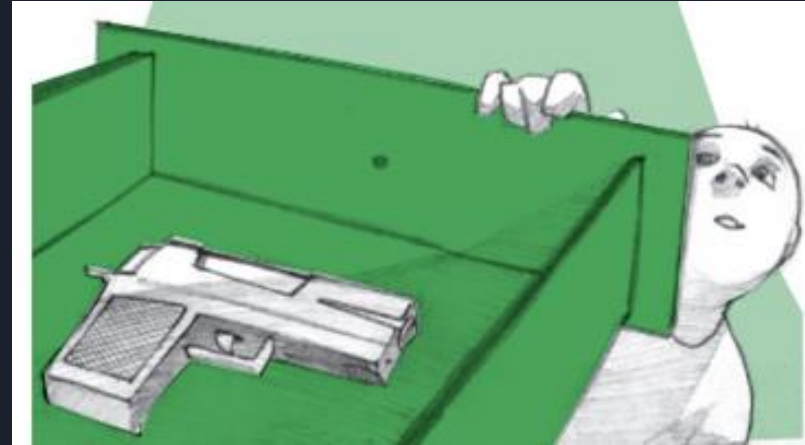
*AAP Policy Statement (2023):* Pediatricians have a responsibility to **prevent firearm injuries as a leading cause of child death**

Citation: AAP Council on Injury, Violence, and Poison Prevention. Pediatrics. 2023.

# Prevention Strategies and Resources

## Safe Storage = Injury Prevention

- Locked
- Unloaded
- Ammunition stored separately



Source: Illustration by  
Billy Nuñez,

eeds code: 81zeds

# Prevention Strategies and Resources

## Firearm injuries are teachable moments

Opportunity for:

- Safe storage counseling (locks)
- Risk assessment (mental health, exposure, environment)
- Referral to community resources





Pennsylvania  
Get Connected. Get Help.™



United Way  
of Pennsylvania

The PA 211 system is a free, confidential dialing code to help connect Pennsylvanians to health and human service needs. Through 211 people connect to a wide range of services from disaster relief to utility assistance, senior citizen programs, emergency food, job counseling, youth programs and much more. It is the one-stop-shop for services available in communities across Pennsylvania.

# Hospital-based Violence Intervention Programs (HVIPs)



# What Are HVIPs?

HVIPs are multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide safety planning, services, and trauma-informed care to violently injured people.

(The Health Alliance for Violence Intervention, 2025)



# What are HVIPs?

- HVIPs connect injured youth/families to **mentorship, social services, therapy**
- Evidence: HVIPs decrease reinjury & arrest rates (JAMA Surg 2022)
- Pediatric EDs are often the first and only touchpoint with the health system after a shooting



# HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS (HVIPS)

CAN HELP **BREAK THE CYCLE OF VIOLENCE.**



To learn more, visit: [www.thehavi.org](http://www.thehavi.org)

Source: The  
Hospital-based  
Violence  
Intervention  
Program (HAVI)

HVIPS alter risk trajectories by operating at multiple levels of the social ecology.

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healing  
hurt  
people  
philadelphia

Source: Healing Hurt  
People, Drexel University



**Rosemarie Kamal,  
LCSW, MFT**

Program Director, Healing Hurt People

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# Healing Hurt People

Healing Hurt People (HHP) is a hospital and community-linked violence intervention program that provides an integrated care model of trauma focused healing services (evidence-based therapy, supportive case management, and peer services) to survivors of violent injury (stabblings, shootings, and assaults) or witnesses to such violence between the ages of 5 and 35.

75%

develop PTSD

50%

develop signs of depression

**Our own research** shows that up to 75% of these young people will develop PTSD, almost 50% show signs of depression and many more find themselves their futures negatively impacted by the effects of trauma.

Source: Healing Hurt People, Drexel University

eeds code: 81zeds

# Healing Hurt People Program Components

- Assertive Outreach
- Peer Support
- Evidence Based Trauma Counseling and Promising Practices
- Trauma Informed Case Management



Referral Criteria:

- ☐ Ages 8-35 (or a significant injury under 8):
- ☐ Victim or witness to intentional injury (stabbing, shooting, assault), and not as a direct result of intimate partner violence, child abuse or sexual assault:
- ☐ Philadelphia Resident; and
- ☐ Eligible for Medicaid
- ☐ Additional Information: HHP will work with uninsured individuals to obtain insurance when possible. Referrals with private insurance will be evaluated on a case-by-case basis.

Referral Form Instructions:

1. Please complete this Form in its entirety and answer each question to the best of your knowledge.
2. Once completed, attach this form and send an encrypted email to: [hphreferrals@drexel.edu](mailto:hphreferrals@drexel.edu)

Other Questions? Call (267) 359-2446

Referring Agency/Program Information

Referral Date:  Referral Agency/Program:

Referred By:     
Staff Name Phone Number Email Address

Individual Referral Information

First Name:  Last Name:

Date of Birth:

Gender: ☐ Male ☐ Female ☐ Transgender ☐ Other ☐ No Response

Health Insurance: ☐ Private ☐ Medicaid ☐ CHIP ☐ No Insurance

☐ Other Insurance:

Address:  Phone Number:

*If Under 14, Caregiver's Contact Information*

Caregiver's Name:  Caregiver's Phone Number:

Referral Details

Injury Type:  Date of Injury:

Other relevant details about the specific experience of violence:

If the individual has not been violently injured, please share the specific experience of violence (witnessing a shooting, violent loss of a family member or friend, etc.) that they are identifying as impacting them:

Follow-Up Information

Have you introduced the HHP Program to the individual? ☐ Yes ☐ No

Individual's Interest Level in HHP program at time of offering?

☐ Interested ☐ Somewhat Interested ☐ Not Sure Yet

Suggested Next Steps:

CLIENT INFORMED CONSENT

- ☐ The referral source completing this Form is certifying the potential client (14 years and older) or legal guardian (if under 14) is giving verbal or written consent to share information (Name, Date of Birth, Address, and Phone Number) and approves of a referral to the HHP program. If written consent, please attach with this form.

*Please place a check mark in the box to the left once this has been discussed with the client or legal guardian.*

Brief Report | [Open access](#) | Published: 02 May 2025

# Increasing a hospital-based violence intervention program's referrals for children and families in a pediatric emergency department

[Narmeen I. Khan](#) , [Sri S. Chinta](#), [Brooke M. Cheaton](#), [Mark Nimmer](#) & [Michael N. Levas](#)

*Injury Epidemiology* **12**, Article number: 24 (2025) | [Cite this article](#)

**586** Accesses | [Metrics](#)

# Prevention Strategies and Resources

- Pediatric ED quality improvement project  
Implemented systematic **referral prompts + staff training**  
Result: HVIP referrals increase from <10% to >70% in 6 months





How can we as providers advocate  
for the safety of our patients?

# CeaseFirePA

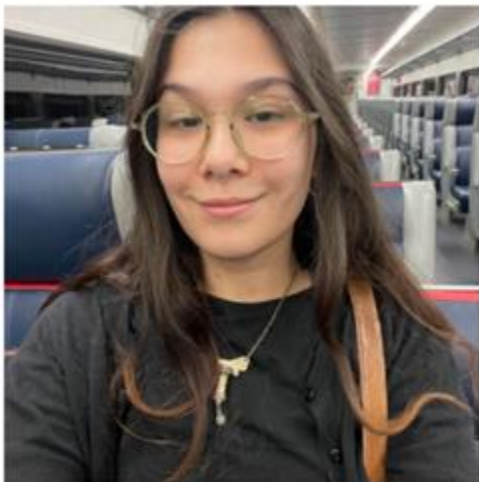
## OUR STORY



**CeaseFirePA is an organization dedicated to ending the epidemic of gun violence in Pennsylvania. Our goal is simple: everyone in the Commonwealth should live in safe communities. Gun violence, in any form, makes that an impossible reality.**

Source: CeaseFirePA, 2025

eed code: 81zed



[carla@ceasefirepa.org](mailto:carla@ceasefirepa.org)

Source:  
CeaseFirePA,  
2025

eds code: 81zeds

## CARLA REYES

### PARTNERSHIPS COORDINATOR

Carla Reyes comes to CeaseFirePA with a background in domestic violence advocacy and education with additional experience in quality assurance for child and family welfare services. As a strong advocate for survivors of relationship violence, they have spearheaded working groups, facilitated community education, and established widely shared resource lists in the hopes to create a safer world for those impacted by violence. During their time as an educator, Carla began to dive deeper into the ways different forms of violence are interconnected and the need for strong advocacy and policy, leading them to CeaseFirePA. As the Partnerships Coordinator, Carla works to develop common ground, drive partners to take action, and support advocacy and education activities.

While attending college in Pittsburgh, Carla was deeply impacted by the Tree of Life shooting. The initial fear and sadness they felt transformed into a push toward advocacy – a way to use their skills, experience, and passion to make a change in how communities can come together to address gun violence.

Carla has been a proud Pennsylvania resident for 8 years and currently lives in Center City Philadelphia, though the Arizona desert where they were raised still holds a piece of their heart. Outside of work, they enjoy reading in the park, trying to find space in their Philly backyard to plant flowers, or calling their mom, sister, and niece (sometimes all at once).

# CeaseFirePA

Source: CeaseFirePA, 2025

## ACCOMPLISHMENTS



### Disarming abusers

Led efforts for landmark legislation to take firearms away from perpetrators of domestic violence.

eds code: 81zeds



### Tracking Illegal Firearms

The Track & Trace program helps identify sources of crime guns—and cut them off.



### Investing in Community Violence Prevention

Won \$65 million in new funding for local organizations to interrupt and prevent violence in 2021.

## FIREARM SUICIDE AND THE RURAL-URBAN DIVIDE

One of the most overlooked aspects of Pennsylvania's firearm death data is that suicide accounts for a majority of gun deaths in the state, except for a few urban centers.



**Nearly 60% of all firearm deaths** statewide are suicides.



**Nearly 80% of all gun deaths** in rural counties are firearm suicides.

**2X**

Rural Pennsylvania's firearm suicide rate is more than twice that of urban counties, even when accounting for population size.

### THE RESEARCH IS CLEAR!

**A gun in the home triples the risk of suicide.<sup>11</sup>**

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**90% of firearm suicide attempts result in death—far higher than any other method.<sup>3,4</sup>**

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**Most people who survive a suicide attempt do not go on to die by suicide.<sup>4,5,6</sup>**

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**Yet, despite these facts, firearm access is rarely mentioned in rural suicide prevention discussions.**

needs code: 81zeds





# CeaseFirePA


Please consider joining the PA Health Professionals Coalition as a part of CeaseFirePA and sharing the link with your community - we need powerful voices like yours in this coalition!

Source: CeaseFirePA, 2025

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**Join the PA Health  
Professionals to End**



# Recap of Prevention Strategies and Resources

- The ED can serve as a prevention gateway through HIVPs, and safe storage counseling
- Clinics provide anticipatory guidance during well visits
- Pediatricians can practice advocacy to improve outcomes for high risk youth

We are not only healthcare providers.

We are patient advocates.





# Thank You

Content Mentor: Dr. Daniel Taylor

PD and Career Mentor: Dr. Jean Marie Rinnan

Special Thank you to Drs. Sahana Sastry, Avanti Patel, Madalein Cunningham and Michael Judy for all your help and support!

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eds code: 81zeds

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# Professional Development Conference: October 7, 2025

## Pediatric Gun Violence: Immediate and Long-Term Management

Abhishek Dutta, DO

**Today's activity code: 81zeds**

### Quick Sign-in!

Simply sign in by  
scanning the  
QR Code with  
your camera



OR

### eeds website or eeds app:

Use the six-digit activity code  
above to sign in online at  
[www.eeds.com](http://www.eeds.com)  
or using the eeds app

#### ACTIVITY SIGN-IN:

*You have 24 hours from the start of the activity to sign-in!*

#### ACTIVITY EVALUATION:

*You have 30 days from the activity date to complete the evaluation.  
Evaluation MUST be completed to receive your credit!*



**St. Christopher's  
Hospital for Children**

A PARTNERSHIP OF TOWER HEALTH  
AND DREXEL UNIVERSITY