Coalition to Stop Gun Violence 805 15th Street NW, Suite 502 Washington, DC 20005

Testimony of Jen Pauliukonis, Director of State Affairs
Coalition to Stop Gun Violence
In Support – Extreme Risk Protection Orders
Wednesday, September 25, 2019

Chairman Baker, Minority Chair Farnese, and Committee Members,

As the Director of State Affairs for the Coalition to Stop Gun Violence, I am testifying today in support of Extreme Risk Protection Orders (ERPO). ERPOs are civil orders that provide family and law enforcement officers the tools to petition a court to temporarily remove firearms from those suffering a lifethreatening crisis to themselves or others. I urge the committee to support this life-saving legislation.

Like the rest of the country, Pennsylvania suffers from a gun violence epidemic. In 2017, there were 1,636 firearm deaths in Pennsylvania. Of these firearm fatalities, 602 were gun homicides and 993 were gun suicides¹. Extreme risk laws have been shown to help prevent suicides, mass shootings, and other forms of interpersonal gun violence. The policy addresses those who are showing signs of high risk of violence toward themselves or others to temporarily prevent purchase and possession of firearms during the period of crisis. California was the first state to enact an extreme risk law (called a Gun Violence Restraining Order in California) following a deadly mass shooting at the University of California, Santa Barbara. Prior to the tragedy on the campus in Isla Vista, the shooter's parents witnessed troubling warning signs that their son had was a danger to the community and knew he owned multiple firearms. Law enforcement was unable to remove the firearms under the state's laws in order to prevent the shooting. Six people were killed and fourteen others were injured. Sixteen more states and the District of Columbia have since enacted extreme risk laws.

In determining whether to issue an order, judges use an evidence-based criteria to assess the individual's risk – such as recent threats or acts of violence towards self or others, domestic abuse, and unlawful or reckless use of a firearm – among others. If an order is granted, firearms are temporarily removed. Americans are overwhelmingly supportive of the policy – recent polling shows that 70% of Americans support ERPO².

ERPOs are modeled after state domestic violence protective orders and incorporate many of the same due process protections integral to these protection orders. The due process protections afforded by the ex parte order are nearly identical in substance and form to those afforded by the domestic violence

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Sep 20, 2019.

 $^{^2}$ APM Research Lab. What do Americans think of key gun policies? August 20, 2019. https://www.apmresearchlab.org/stories/2019/08/19/survey-guns-america-poll-red-flag-erpo-suicide-homicide-mass-shootings-storage

ex parte or temporary protective order. Ex parte domestic violence protective orders have been routinely upheld against due process challenges.

In addition to the protection written into ERPOs, more and more research is showing the effectiveness of these policies at preventing gun deaths. They are an especially useful in preventing firearm suicide. 90% of suicide attempts with a firearm result in a fatality³ whereas only 2% of attempts by drug overdose result in death⁴. Firearms make up half of all deaths by suicide. Reducing access to firearms increases the probability that an individual in crisis will survive a suicide attempt. Ninety percent of individuals who survive a suicide attempt do not go on to die by suicide⁵. An study of Connecticut's risk warrant law estimated that for every 10-20 risk warrants issued, one life was saved. Additionally, nearly one-third of risk warrant subjects receives treatment in the year following the issuance of a risk warrant.⁶ Not only are lives being saved, but the policy allows those suffering the crisis to seek help and treatment while the lethal means is removed from his or her access.

New research published by Dr. Garen Wintemute at the University of California Davis outlined 21 cases in California where an extreme risk order had been used to help prevent a mass shooting⁷. He found that the law could potentially affect many types of gun violence, including mass shootings, suicide, and homicide.

Temporarily removing firearms from those at a high risk of committing violence will save lives and make communities safer. If enacted, Senate Bill 90 will fill a gap in Pennsylvania state law by providing families and law enforcement with an evidence-based tool to prevent tragedies. I urge the committee to enact an extreme risk law as a way to protect the residents of Pennsylvania from gun violence.

Thank you,

Jenifer Pauliukonis Director of State Affairs Coalition to Stop Gun Violence

³ Azrael D, & Miller M. (2016). <u>Reducing suicide without affecting underlying mental health: Theoretical underpinnings and a review of the evidence base linking the availability of lethal means and suicide</u>. *The International Handbook of Suicide Prevention*.

⁴ Harvard Means Matters. <u>Lethality of Suicide Methods</u>.

⁵ Owens, D., Horrocks, J., & House, A. (2002). Fatal and non-fatal repetition of self-harm: Systematic review. *The British Journal of Psychiatry*, 181 (3), 193-199.

⁶ Swanson, JW, Norko, M, Lin, HJ, Alanis-Hirsch, K, Frisman, L, Baranoski, M, Easter, M, Gilbert, A, Swartz, M, & Bonnie, RJ. Implementation and Effectiveness of Connecticut's Risk-Based Gun Removal Law: Does it Prevent Suicides? (August 24, 2016). Law and Contemporary Problems. Available at SSRN: http://ssrn.com/abstract=2828847

⁷ Wintemute G. et al. (2019). Extreme Risk Orders Intended to Prevent Mass Shootings. Annals of Internal Medicine.