

The Public Health Consequences and Costs of Gun Violence
House Ways and Means Committee
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Thank you for the invitation to address you today. I appreciate the opportunity.

I have three points. But, first, I would like to mention two things about me that are not in the biographical information you were provided. First, I grew up on a farm in Iowa, and I know a bit about firearms. Second, in addition to being a public health researcher, I was trained and have decades of experience as a clinical psychologist. Each of these things shape my thinking about firearms.

Point 1: Suicide

Most people who attempt suicide and survive do not go on to kill themselves.¹ In fact, 89% of people whose attempt is so serious that they are hospitalized for it go on to die of the same things that you and I will die of – heart disease, cancer, and stroke. In other words, they find meaning, get help, or otherwise figure out how to build their lives. If they use a gun, however, they won't get that second chance.

Thoughts of suicide appear to be pretty evenly spread across the country. About 5% of the adults in every U.S. state respond with "Yes" when asked "At any time in the past 12 months, did you seriously think about trying to kill yourself?"² However, suicide rates are not similar across the country.³ Completed suicide rates correspond fairly closely to the rate of gun ownership in each state.⁴

In our country, suicide is the most common form of firearm-related death and a firearm is the single most common means used to commit suicide.⁵ The people and the place are important, too. Firearm suicides are highest in rural areas.⁶ White men 75 or more years old have the highest rate of suicide and, in 2017, 86% of them used a gun to kill themselves.⁵ Rather than depression, impulsivity appears to be important in the serious suicide attempts of young adults.⁷

Point 2: Domestic violence

We like to think of our home as a place where we can relax, where we can take shelter from the outside world, where we are safe. For many women in the U.S., however, the home is a dangerous place. Based on our estimate, about 4.5 million women alive today have had an intimate partner threaten them with a gun, and nearly 1 million have had an intimate partner use a gun against them.⁸ These numbers are hard to fathom and they affect the most intimate parts of our lives. These threats create realistic fear, perhaps terror even, and change the relationship, the environment in the home, and the children who witness the acts.

Some women don't live to talk about it. About half of the women murdered each year are killed by an intimate partner and a firearm is the most common weapon.⁹ A woman is at greatest risk of being killed when she is doing exactly what we tell her – to get out, to end the relationship.¹⁰ When an abusive partner uses a gun to threaten her, she understands – as all of us would if faced by someone with a gun – that she risks death.

Point 3: Costs

Firearm misuse results in multiple costs. Costs are borne by individuals in terms of the loss of life. Domestic violence provides a work-related example of cost: abusers prevent their victims from going to work, harass them while at work, and otherwise make it hard for them to keep a job¹¹ – their victims can't earn money and independence, nor pay taxes. Systems costs include health care – both immediate care for injuries and long-term physical and mental health treatment for the physical and psychological vulnerabilities that result from victimization. Domestic violence doesn't end at 65; spouse abuse grown old is treated under Medicare. Societal costs include the many years of productive life that are lost. For example, in the U.S., Black men live shorter lives than White men¹² and nearly a year of that difference can be attributed to firearms.¹³ And, finally, trust in one another erodes when firearms are misused.

It's time to generate a range of options to reduce firearms misuse. The health and safety of our nation depends on it.

¹ Bostwick JM, Pankratz VS. Affective disorders and suicide risk: a reexamination. *American Journal of Psychiatry*. 2000; 157(12):1925-32.

² SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH>

³ Centers for Disease Control & Prevention. Fatal Injury Mapping. <https://wisqars.cdc.gov:8443/cdcMapFramework/>

⁴ Miller M, Barber C, White RA, Azrael D. Firearms and suicide in the United States: is risk independent of underlying suicidal behavior? *American Journal of Epidemiology*, 2013;178(6):946-55.

⁵ Centers for Disease Control & Prevention. Fatal Injury Reports. <https://www.cdc.gov/injury/wisqars/fatal.html>

⁶ Branas CC, Nance ML, Elliott MR, Richmond TS, Schwab CW. Urban-rural shifts in intentional firearm death: different causes, same results. *American Journal of Public Health*, 2004;94(10):1750-5.

⁷ Simon TR, Swann AC, Powell KE, Potter LB, Kresnow MJ, O'Carroll PW. Characteristics of impulsive suicide attempts and attempters. *Suicide & Life-Threatening Behavior*, 2001;32(1 Suppl):49-59.

⁸ Sorenson SB, Schut R. Non-fatal gun use in intimate partner violence: A systematic review of the literature. *Trauma, Violence, & Abuse*, 2018;19(4):431-42

⁹ Fridel EE, Fox JA. Gender differences in patterns and trends in U.S. homicide, 1976–2017. *Violence and Gender*, 2019; 6(1):27-36.

¹⁰ Wilson M, Daly M. Spousal homicide risk and estrangement. *Violence and Victims*, 1993;8(1),3–16.

¹¹ Showalter K. Women's employment and domestic violence: A review of the literature. *Aggression and Violent Behavior*, 2016;31:37-47.

¹² Arias E, Xu JQ. United States life tables, 2017. National Vital Statistics Reports; vol 68 no 7. Hyattsville, MD: National Center for Health Statistics. 2019.

¹³ The cost of firearm deaths in the United States: Reduced life expectancies and increased insurance costs. *Journal of Risk and Insurance*, 2005;72(3):359-74.