

DR. STEPHANIE BONNE:

Preventing Gun Violence is Personal



"I have seen a lot of firearm injury and death since medical student days and as a trauma surgeon. Then as a mother myself, the impact of having to tell another mother that her child had died, that really changed it for me. I got so fed up, I felt I had to do something, so I don't have to have these conversations with mothers, anymore. It really is the most awful thing we have to do as physicians."

Participating in the national school walkout with her colleagues to bring attention to gun violence is just one of many proactive initiatives

Dr. Stephanie Bonne, Assistant Professor Division of Trauma and Surgical Critical Care, has undertaken to get beyond what she calls "secondary prevention," of a public health epidemic. "It was a positive time to reflect and raise awareness, to come together as a university, to recognize that this is a problem everybody cares about," Dr. Bonne said.

In the Trauma Center at University Hospital, Dr. Bonne and caseworker **Alikah Green** (see story below) engage one-on-one with gunshot victims "in that teachable moment after trauma when individuals are more receptive to discussion about prevention, and maybe willing to discuss the risk factors," related to the shooting, Dr. Bonne said.

She obtained a pilot foundation grant from the Healthcare Foundation of New Jersey to establish a Hospital-Based Violence Intervention Program, HVIP, that matches the gunshot victims and

caseworker to help mitigate risk and navigate community resources, after hospital discharge.

"This is a 'warm handoff' for the victims to talk with someone what are the risk factors in their life that may lead to an increased risk of becoming a victim of violence," Dr. Bonne said.

More than sixty people have been enrolled in the program and positive outcomes are already taking place. "People are getting counseling that otherwise would not. People in wheelchairs from their injuries are getting support and learning about self-care. One person finished

“If you help people with other social outcomes in their life, they will be less at risk and have better post-discharge outcomes,”

a GED, one enrolled in college. Two patients received probation from a judge instead of jail time since our caseworker went to court and advocated for them,” Dr. Bonne said.

As part of her research on best practices to establish HVIPs, Dr. Bonne received the American College of Surgeons, Claude H. Organ, J. MD, FACS Traveling Fellowship and visited “The Wraparound Project” at the University of San Francisco, UCSF, San Francisco General Hospital. She spent one week meeting case managers who work with gunshot victims, and met with community-based organizations that provide assistance to clients needing follow-up social services.

“I learned it would be important to develop relationships with Newark organizations that offer job training, employment and mental health services.”

- Dr. Stephanie Bonne

In an article published in “The Bulletin” of the American College of Surgeons, “Trauma Surgeon uses Traveling Fellowship to Learn about HVIPs” Dr. Bonne wrote: “I began to recognize my own implicit bias, that clouded the way I defined ‘recovery’ for victims of violence... As surgeons we see patients for a few postoperative visits, but we may have an incomplete understanding of how long it takes someone to heal from the psychosocial trauma of being a victim of violence and how that affects their recovery.”

Data from other HVIPs in the National Network of Hospital Violence Intervention Programs, suggests recidivism is reduced, that fewer repeat gunshot victims are seen as a result of the intervention. “If you help people with other social outcomes in their life, they will be less at risk and have better post-discharge outcomes,” Dr. Bonne said.

Now, Dr. Bonne is interested in research funding to investigate the impact of stress biomarkers, cortisol levels, TNF alpha, testosterone, interferon gamma and other things related to stress and depression and social and psychological problems.

“Can we reduce the levels of the biomarkers when we give people a positive social network with their prevention and health outcomes?”

She is encouraged that the New Jersey legislature passed funding for a gun violence research center to be based at Rutgers, although details are not finalized.

Dr. Bonne said, “I think it is great that the Governor has insight into the problems of gun violence research. Of the 2600 trauma patients we see each year, 40 percent are the result of interpersonal violence. Among the root causes, domestic violence, poverty, child access to guns, the gun is a vector that is highly lethal.”

On a personal level, Dr. Bonne still feels saddened and motivated by a school shooting 20 years ago that killed her chemistry lab partner at Kalamazoo College.

“Maggie Wardle was a friend of mine, and she was killed by her boyfriend in the dorm with a shotgun and then he killed himself. It really deeply affected everybody. I have always carried that with me. I’m still mad about it.”

She channels her personal experience with firearm injury to look for public health-based solutions to firearm injury and death in the United States.

ALIKAH GREEN:

“Big Sister” Helps Gun Victims To New Path

Every morning caseworker Alikah Green checks in with the Trauma Center at University Hospital “and they give me a list of guys who have been shot,” so she can help create a pathway to protect them from further violence.

A “civilian” working in the Hospital Violence Intervention Program under the direction of Dr. Stephanie Bonne, (see story above) Green relies on her experience in the community to create trusting relationships with the gun violence victims.

“When I was in high school, lots of my friends were passing away. I wanted to know, where are the people who can help these guys? I was tired of all the violence, and then I heard about this job opening. I know I can’t stop gun violence all by myself, but I’m trying my best to help one person at a time.” Alikah Green

“I walk the community. Everybody knows me from working for the city of Newark. I engage with the victims, one on one, to help them find jobs, school, housing, mental health services.”

Green said her involvement extends beyond meeting the clients in the hospital. She provides six months of follow up.

“I just talk and help them open up and be more comfortable in my presence. After a while they see that I really care. I’m like a big sister, like a mom figure.”

She recalls a client who was “standoffish to me. I’m a stranger. A couple days went by, I kept making him feel comfortable, and then he tells me he wants to go to school and to work. I went with him on the search and found a school that would pay him to get a GED. He’s been there ever since, getting a paycheck every two weeks and he will graduate. It is a big impact on my life that I could help and make a difference.”

Green said that when clients get discharged, “they leave here with appointments. I call, I check in on them, I grab lunch. I help clients get a state ID card, social services, mental health care. I go out to make connections to help these people. I do the footwork, we build relationships to help find jobs. I teach them there are lots of positive ways to make lots of money, go to school and get the knowledge.”

A client who wanted to build elevators is getting assistance from Green to go to a technical school.

Progress and outcomes are a series of small steps.

“It can be very discouraging to see new clients every day, but I’m here to help.”

