



**Testimony of Maine Public Health Association in Support of:
LD 2283: An Act to Enact the Crisis Intervention Order Act to Protect the Safety of the Public**

Joint Standing Committee on Judiciary
State House, Room 438
Friday, April 5, 2024

Good afternoon, Senator Carney, Representative Moonen, and distinguished members of the Joint Standing Committee on Judiciary. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association. MPHA is in support of LD 2283: “An Act to Enact the Crisis Intervention Order Act to Protect the Safety of the Public.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. MPHA works to optimize the health of people and places in Maine through advocacy, education, partnerships, and public health workforce development. As a statewide nonprofit association, we advocate, act, and advise on critical public health challenges, aiming to improve the policies, systems, and environments that underlie health inequities – but which also have potential to improve health outcomes for all people in Maine. We are not tied to a national agenda, which means we are responsive to the needs of Maine’s communities, and we take that responsibility seriously.

Introduction

Violence in America, and here in Maine, is a public health crisis that affects people in all stages of life, from infancy to the elderly. It leaves physical and emotional scars, derails lives, and erodes communities by reducing productivity, decreasing property values, and disrupting social services.¹ Violence is also a vicious cycle – exposure to violence is a strong predictor of committing future violence.² Violence is a leading cause of premature death and disability in the U.S., and here in Maine.

Data show that different types of violence tend to co-occur, such that in areas where there are higher rates of community-level gun violence there are also higher rates of domestic violence and child abuse. At the community level, gun violence tends to occur more often in areas already experiencing social and economic disparities, including geographic racial segregation and concentrated poverty.³ Moreover, childhood trauma, including domestic violence and community violence, may be a risk factor for gun violence later in life.⁴ A public health approach to violence prevention fosters healthy gender norms and relationships, bolsters trauma-informed services, and works to mitigate racism by changing norms and behaviors; collectively, these efforts lead to reductions in violence.⁵

Violence in the U.S.

- According to the U.S. Centers for Disease Control and Prevention, in 2022, there were more than 48,000 firearm-related deaths in the U.S., equivalent to 132 people dying from a firearm-related injury every day.⁶
- According to the [Gun Violence Archive](#), in 2023, there were 656 mass shootings in the U.S., a 3-fold increase since 2014 (272).

- Already in 2024 ([as of today, April 5, 2024](#)), there have been 100 mass shootings in the U.S. (an increase of 30 over the past month). More than 4,000 adults and more than 350 children (youth ages 0-17 years) have died in the past 3 months due to gun violence. That’s more than 1,000 adult lives and 100 children’s lives lost due to gun violence in the U.S. in the past month.

Violence in Maine:

- In 2023, 18.3% of middle schoolers reported that violence in their home, or the threat of violence, made them want to leave home, even if only for a short while.⁷
- Domestic violence represented 29% of total reported assaults in 2022.⁸
- 1 in 5 Mainers will experience sexual assault during their lifetime.⁹
- According to the Maine Center for Disease Control and Prevention, nearly 89% of firearm fatalities in 2021 were suicides, a rate significantly higher than the national average.¹⁰
- One of the deadliest mass shootings in America occurred here in Maine, claiming 19 people’s lives.

LD 2283

We support the implementation of a true Extreme Risk Protection Order (ERPO) policy, otherwise known as a “Red Flag” or “Crisis Intervention Order” law, because it will save lives. This type of policy enables law enforcement, family members and others to go through the court to temporarily remove firearms from people who pose a danger to themselves or others in the community. It’s a more straightforward process than Maine’s Yellow Flag Law. [According to The Johns Hopkins Center for Gun Violence Solutions](#), data show that, when implemented effectively, [ERPO laws can save lives](#). Twenty-one states, including Vermont, Connecticut and Massachusetts, and Washington D.C. have enacted ERPO laws.

Data suggest this policy is effective at reducing firearm suicides. Connecticut and Indiana were the first two states to enact ERPO laws, in 1999 and 2005, respectively. A recent (2018) study evaluated the laws in these two states and found, overall, that firearm seizure legislation was associated with reductions in state-level firearm suicide rates. In Indiana, the legislation was associated with a 7.5% decrease in firearm suicides in the first decade post-enactment (383 firearm suicides prevented). In Connecticut, while the law was enacted in 1999, it was not enforced until 2007 (after the Virginia Tech shooting). Thus, while the legislation was associated with only a 1.6% reduction in firearm suicides, the reduction increased to 13.7% following increased enforcement of the law (preventing 128 firearm suicides).¹¹

Gun violence is not inevitable. It can be prevented through a comprehensive public health approach that keeps families and communities safe, while respecting responsible gun owners. As such, we support this policy. We respectfully request you to vote LD 2283 “Ought to Pass.” Thank you for your consideration.

¹ U.S. Centers for Disease Control and Prevention. 2020. [Violence prevention: A public health issue](#).

² Weaver CM, Borkowski JG, Whitman TL. Violence breeds violence: Childhood exposure and adolescent conduct problems. *J Community Psychol*. 2008;36(1):96–112.

³ Santilli A, O’Connor Duffany K, Carroll-Scott A, Thomas J, Greene A, Arora A, Agnoli A, Gan G, & Ickovics J. 2017. [Bridging the response to mass shootings and urban violence: Exposure to violence in New Haven, Connecticut](#). *American Journal of Public Health*;107:374-379.

⁴ Wamser-Nanney R, Nanney JT, Conrad E, Constans JI. 2019. [Childhood trauma exposure and gun violence risk factors among victims of gun violence](#). *Psychol Trauma*;11(1):99-106.

⁵ American Public Health Association. 2018. [Violence is a public health issue: Public health is essential to understanding and treating violence in the U.S.](#)

⁶ U.S. Centers for Disease Control and Prevention. 2023. [Fast facts: Firearm violence and injury prevention](#).

⁷ Maine Department of Health and Human Services & Maine Department of Education. 2023. [Maine Integrated Youth Health Survey Middle School Report](#).

⁸ State of Maine Department of Public Safety. 2022. [Crime in Maine 2022](#).

⁹ Dumont R & Shaler G. 2015. Maine Crime Victimization Report: Informing public policy for safer communities. Muskie School of Public Service, University of Southern Maine.

¹⁰ Maine Center for Disease Control and Prevention, Maine DHHS. Feb 2023. [Report pursuant to 22 MRS, Ch. 256-A §1425](#).

¹¹ Kiviston A. & Phalen P. 2018. Effects of risk-based firearm seizure laws in Connecticut and Indiana on suicide rates, 1981–2015. *Psychiatric Services*.