

Catholic Health Systems Aim to Break Cycle of Gun Violence and Accidents

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Contributor to *Health Progress*

Maurice Washington always carried a gun on the streets of Richmond, Virginia. Two of his friends were shot to death in front of him. He served time in prison for armed robbery. When he talks about guns, people listen.

Washington is now the violence prevention program coordinator for Real Life, a Richmond-based nonprofit that helps former prisoners rebuild their lives. “We’ve got to gain their trust,” he said. “I give them my background, and they know that I’m here to help.”

Bon Secours Richmond is among Real Life’s partners in violence reduction, referring the organization to gunshot patients who have been discharged from the hospital. “We have a great relationship,” Washington said. “They’ve come on our peace walks. It takes the community, the schools, everyone in the city.”

Many Catholic hospitals view reducing gun violence as central to their mission. Working in collaboration with other community groups to prevent shootings and tailoring a program to local needs, several systems say they are making their communities healthier.

“You can’t just tell people to stop shooting,” said Washington, who teaches classes both in prisons and at Real Life headquarters about building healthy relationships. “You have to give them something positive as well. We focus on finding

the root cause of trauma, how to communicate better, how to pause before you react.”

“Hospitals don’t get enough credit. They can do a lot,” said Sarah Scarbrough, founder and director of Real Life. “And Bon Secours has made the investment. They’re very intentional about it.”

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— MAURICE WASHINGTON

BREAKING DOWN BARRIERS, BUILDING TRUST

Real Life identifies “the folks who are most likely to shoot or be shot,” Scarbrough said, based on whether they or family members have been involved in gun violence or gang activity. People like Washington, she said, are best equipped to deliver the message of “We know you’re at risk, we don’t want you dead. I changed my life, let me help you change yours.”

“There’s so much fear around medical care and hospitals,” Scarbrough said. “We try to break

down the barrier and show people love and care.”

Elizabeth Richard, Bon Secours Richmond’s community health program manager, said that the hospital’s violence response team talks to victims of gun violence about how and why they were shot, and whether they may be at risk when they are discharged. The team includes forensic nurses, victim service advocates and community health workers.

The hospital’s post-discharge assessment recognizes that those affected by gun violence require different types of support rather than a uniform approach. Richard acknowledges that it can be hard to maintain contact with survivors of violence. “We provide the information and the support that we can while preserving the autonomy of victims,” she said. “We often don’t know much about someone until we have time to get to know them. The work of supporting victims is truly a process.”

Bon Secours’ community violence team will connect a gunshot victim with a Real Life advocate, if the patient is interested. Sometimes, the exchange works the other way: A victim who has been shot but is afraid to go to the hospital for treatment may be persuaded by someone with firsthand experience. Advocates also provide basic mental health education, explaining why people may experience depression or what qualifies as post-traumatic stress disorder.

Bon Secours Richmond participates in a state-funded network of 12 hospital-based violence intervention programs that use the Bridging the Gap model developed at Virginia Commonwealth University.¹ The program stresses building community connections with agencies for housing, mental health support and employment to anticipate what a particular patient might need to break the cycle of violence. Among the 8,000 patients served by an intervention program in Virginia since 2019, reinjury rates are 3%, compared to 40% nationally.²

Kelly O’Connor, an assistant professor at Virginia Commonwealth University who studies gun violence, said, “We [as a society] save a lot of money in health care costs and criminal justice costs,” by preventing reinjuries. The program has been successfully implemented at new locations within six to 12 months.

NO SINGLE ANSWER

Different communities, too, have a range of needs and goals to consider when they plan to start a violence reduction program. “Violence is a very

complex issue, and there’s no one single solution,” said Laura Krausa, the system director of advocacy programs for CommonSpirit Health. Five communities across four regions in the system’s wide geographical reach have started gun violence prevention programs in recent years, while 24 CommonSpirit communities have prevention programs addressing other forms of violence. Every locality has its own issues and priorities, and a CommonSpirit program begins by asking the community what they need and taking time to hear from all stakeholders, including schools, churches and police departments.

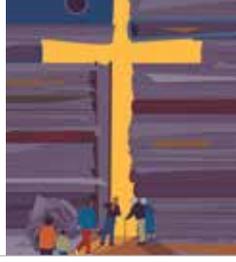
“If we address gun safety, we prevent all kinds of violence,” Krausa said, including accidents and suicide attempts as well as deliberate shootings. Some facilities, she said, are incorporating questions about guns in the home into their routine intake screening, along with the more familiar questions about mental health and domestic safety. If there have been multiple community efforts to normalize conversations about guns, she said, then patients will not be surprised or put on guard by the screening.

In south central Kentucky, Saint Joseph London, a member of CommonSpirit Health, has focused for the past three years on reducing gun deaths in its rural setting where hunting is the norm. “You’re not going to find us in the medical facility,” said Mollie Harris, violence prevention manager with St. Joseph London. “We identify needs; we make home visits; we make sure people have tools and education.”

In London and surrounding areas, the biggest danger from firearms is accidents. “We approach it in a very positive, nonjudgmental way,” Harris said. “This is not a political program; it’s a safety program.”

As she developed her approach, Harris talked with community members, including veterans, gun shop owners and law enforcement officials. She learned that opening with “Do you have a gun in the house?” was likely to make the other person feel defensive. Instead, she and her co-workers will say, “Firearms are a leading cause of childhood injury. Would you like information on how to keep your family safe?”

St. Joseph London violence prevention coordinator Jara Burkhart said efforts extend to other aspects of fostering overall safety. “We can provide you with a Pack ‘n Play [a portable crib], a gunlock, a car seat. It’s not one level of safety but multiple levels.”



Hospital staff also go into schools with the mascot of the National Rifle Association's Eddie Eagle GunSafe program. Children learn that if they find a gun, they need to leave it alone and find an adult. Now, Harris said, "at events, kids will say, 'Hey Mom, this is the person who taught us about gun safety.' We hear from pediatric clinics that kids are coming in and talking about it."

LISTENING FIRST

Krausa said that the CommonSpirit facilities that are working on gun violence reduction regularly meet together and exchange best practices.

How can a system measure the results of its prevention program? "That's the \$50 million question," Krausa said. "It's hard to measure what you've prevented. If rates go down, we can't claim all the credit. Police work on it, too, and schools. You can't say the hospital alone prevented it." Socioeconomic factors also play an important role, and any chart is going to show peaks and valleys within an overall trend. Instead, she prefers surveys that ask patients if they feel safer or better equipped to deal with guns. One early result from the Pacific Northwest shows that after safety training, 85% of participants had a greater aware-

ness of gun safety.

"This is a long-term project," Krausa said. "We're not going to change norms in one to five years. It might be more like 10." After that length of time, she hopes violence prevention will simply be baked into a hospital's programming. Everything, she said, has to happen within a coalition of other community groups, but the hospital may be in a better position than some other partners to assist with funding or other resources.

CommonSpirit is fortunate to have an endowment fund to work on such projects, Krausa said, but Catholic health care has always realized that "health care is more than what happens within these four walls. It's in the community, too."

In the Seattle-Tacoma area, a national CommonSpirit grant has enabled Virginia Mason Franciscan Health to expand its existing programming on violence prevention. "Our job is to come in and provide education and ask (communities) what they need, what they want, and how we can help them get there," said Cynthia Ricks-Maccotan, the system's community integration program manager. "We listen five or six times before we say anything." Her group addresses deliberate shootings, accidents and suicide. "A

NONPROFIT STRIVES TO LEAVE NO PET BEHIND DUE TO DOMESTIC VIOLENCE

People who are looking to escape violence at home may be held back by any number of fears — including what might happen to their pets.

Some domestic violence shelters do accept pets, but the mission of RedRover, a Sacramento-based national nonprofit, is to make sure that companion animals do not become collateral damage in an abusive relationship.

The Purple Leash Project, a partnership between RedRover and Purina, aims to equip more shelters nationwide to accept pets along with their owners who are getting out of an abusive situation. RedRover spokesperson Sheri Madsen

said that up to 70% of abusers have injured or killed pets, or threatened to do so.

"The bond is strong. Pets are family," Madsen said. "They're often used as a tool to manipulate, to get someone to stay or come back. It's a cruel cycle."

Different shelters need different modifications to accept pets, but common needs include an enclosed exercise yard; space for kennels or crates; and an air filtration system for those who are allergic. Purina associates have donated 2,000 hours of time to renovate shelters, according to brand marketing manager Noa Hefer, in addition to the company's ongoing financial support. The

Purple Leash Project has given out \$1.8 million in grants since 2019.

Over the past six years, the Purple Leash Project has seen the number of pet-friendly shelters rise from 10% to 19.5%, Madsen said — and her organization also has funds available for temporary boarding if a shelter cannot take dogs or cats.

Just as every shelter's needs are different, many places have different obstacles to overcome, such as zoning, landlord opposition, and staff or board turnover. "It's not one-size-fits-all," Madsen said. "But we're doing all we can to raise awareness."

2-year-old is strong enough to pull the trigger on an average firearm,” she said. “Or pets can cause an accident. Horses or cows can step on a trigger. These are real incidents.”

Since its start in 2024, Virginia Mason Franciscan Health’s Violence Prevention Initiative program has distributed more than 1,500 firearm safety devices of various types. The group has collaborated with 30 other community organizations and held 18 public events that reached more than 2,000 people. The program operates in 15 ZIP codes, including five that have among the highest incidents of gunshot wounds in the state.

Ricks-Maccotán described feeling deeply invested in the work. “In addition to being important and believing in the mission, this is my community. I’m a mom, I’ve built family and relationships, and it’s so great to know I make an impact. I’m a credible messenger because I live here.”

BUILDING IMPACT STEP BY STEP

At SSM Health Saint Louis University Hospital, Injury Prevention and Outreach Coordinator Haley Strebler leads a program to help the victims of violence avoid further confrontations. A grant from the city of St. Louis covers two nurses, a social worker and a community health worker who meet victims at the bedside.

Victims of violence usually have multiple challenges, she said, including jobs, housing and food security. Her health team also talks about wound care. “If someone leaves and they can’t afford home health, or that person doesn’t show up because the neighborhood is perceived as too dangerous, how are they supposed to stay out of the hospital? We get them resources that are actually accessible.”

Strebler said that the SSM Health program gives away gunlocks and does safety education programs, including initiatives focused on the importance of holstering. “Maybe they stick it in their waistband and don’t realize that we have a very big artery that runs down our leg,” she said. “In Missouri, we have a lot of hunters, a lot of people who own firearms, and we just want to keep them safe.”

While acknowledging the difficulty of mea-

suring shootings that don’t happen, Strebler pays close attention to “injuries that come in, what types, what numbers, what ages. We can change our injury prevention tactics and methods depending on what the trends are.”

Strebler added, “For violence prevention, there’s no one answer. There’s no five answers.” But SSM Health’s program tries to address as many problems as possible before a victim leaves the hospital and returns to their neighborhood. Finding housing has become an even harder problem in recent years, but SSM Health will sometimes look for a family member to take a person in, and help with job placement, bus passes and mental health services. The team will try to list the top three needs for each patient, and Strebler said that if those three can be met, others will often fall into place.

“It’s hard to see that impact in the big picture. But when you take it step by step and it builds on itself, you start seeing success,” she said. “You don’t see it right away. It takes five, 10, 15 years, but those efforts have to be continuous.”

Strebler feels like she is in a good place to continue those efforts. “I love the history of SSM Health and the sisters who started the organization, and the basis of caring for every person, regardless of their situation or background,” she said. “I’m very committed to this hospital and this population, and I reflect to myself on how I’m living the mission of the system.”

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NOTES

1. “Bridging the Gap: Community Violence Intervention at the Bedside,” VCU Health, <https://www.vcuhealth.org/services/injury-and-violence-prevention/ivpp-programs/bridging-the-gap/>.
2. “VHHA Foundation Awarded DCJS Grant to Continue Support for Hospital Work Addressing Community Violence,” Virginia Hospital & Healthcare Association, July 16, 2025, <https://www.vhha.com/pressroom/vhha-foundation-awarded-dcjs-grant-to-continue-support-for-hospital-work-addressing-community-violence/>.

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