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Good morning. Senators Muth, Cappelletti, and Kane, thank you for inviting me to speak here today and to the entire Policy Committee for addressing this important issue.

My name is Leah Brogan and I am a clinical psychologist within the Center for Violence Prevention at Children's Hospital of Philadelphia. I provide evidence-based, trauma-informed therapy to youth and families enrolled in our Center's Violence Intervention Program—a community- and family-focused intensive case management program that works directly with youth between 8 and 18 years old who are treated at CHOP for an injury due to interpersonal, community violence.

My testimony, derived from the peer-reviewed literature base, public health data, and professional and personal experiences, is intended to guide your legislative advocacy towards policy recommendations that strengthen students' mental health and make schools safe havens once again for our youth, teachers, and staff.

When news breaks of gun violence occurring, typically, and tragically, it is regarding yet another school massacre. In the wake of the Columbine High School massacre in 1999 and, more recently, the Sandy Hook Elementary School shooting in 2012, schools have implemented lockdown and active shooter drills to secure the physical safety of their students and staff should such a crisis occur. Despite their widespread use, limited research exists on how effective such drills are in *actually* keeping students and staff safe in the event of a real-life active shooter scenario.[i] What we do know from a small body of available, published research is that when these drills are practiced regularly they do contribute to students and staff reporting that they feel more prepared, in terms of knowledge and skills, to protect themselves.[ii,iii] What we know less about is the long-term mental health impacts of such drills. Recent research finds an increase in social media content conveying depression, stress, anxiety, and physiological health problems among students, teachers, and parents following participation in a lockdown drill on school grounds.[iv] Additionally, medical, educational, and child health advocates,[v,vi] have called for modifications to these drills, such as removing deception and even students, notifying parents and caregivers prior to drills being run, eliminating simulations mimicking an actual shooting, and training staff in partnership with school-based mental health personnel to use developmentally appropriate language and recognize trauma signs in students and staff both before and after a drill. Although such drills may equip students and staff with the tools needed to act efficiently in the event of an armed intruder(s), they may, conversely, leave them feeling more unsafe in their own school.[vii]

With much focus on preparing schools to be on the defense, especially within the media, it is important to note that school shootings, although traumatic, remain a rare occurrence for most youth (i.e., <1%). The majority of gun deaths in the United States are from shootings other than mass shootings.[viii] Many youth experience gun violence within their own neighborhoods, with Black and Latinx youth disproportionately impacted by neighborhood gun violence.[ix,x] Neighborhood gun violence exposure is associated with poor mental health outcomes in youth, such as anxiety, depression, posttraumatic stress disorder, and other mental health symptoms including social withdrawal, irritability, and disruptive in-school behavior.[xi,xii,xiii,xiv,xv,xvi,xvii,xviii,xix,xx]

For children living in Philadelphia, gun violence is far too common and a part of daily life. In 2021, more than 1,800 shootings occurred in the city; when shootings occur, they impact not just the shooting victim, but the community at large. CHOP and University of Pennsylvania colleagues recently examined the impact of gun violence exposure on children's mental health in west, southwest, and south Philadelphia neighborhoods between 2014 and 2018. Within a large sample of over 54,000 children, they found that children residing within 4 to 6 blocks of a shooting were almost twice as likely to visit the Emergency Department for mental health related issues, such as anxiety, depressed mood, insomnia, and intentional self-harm—with this association strongest for children living within 2 to 3 blocks of the shooting, within two weeks following the shooting, and for children exposed to multiple shootings.[xxi] Firearm violence is not only directly killing our youth both here in the Commonwealth and nationally, but also harming their mental and emotional well-being.

In reviewing the literature and statistics, I couldn't help but recall a youth to whom I once provided Trauma-Focused, Cognitive Behavior therapy. He was a Black teen who was shot while walking in his neighborhood in Philadelphia. I met him while he was still at a rehabilitation hospital following multiple surgeries after the shooting. He had hoped to regain mobility in his legs to walk again and resume his everyday life. For this young man, gun violence was a normal part of his reality living in Philadelphia. His friend was shot dead a year earlier, he heard gunshots regularly on or near his block, and when outdoors he knew to walk with purpose and speed—fearful of every sound, sight, or person he came across. If there was anyone or any place that provided this young man relief in his community, it was his neighborhood school. School was his refuge, his safe haven from the neighborhood streets and even his own home. His school was home to supportive adults, such as his principal, who genuinely cared about his rehabilitation and welcomed his request to share with other students his traumatic past, his healing journey, and reasons to remain connected to school and not faulter to street life.

Comparatively, I had a recent conversation with my neighbor this past weekend-a special education elementary school teacher in a southeastern Pennsylvania public school district. She currently sits on her school's safety committee in which she is being trained on specific protocols and practices to follow in the event of an active shooter or other emergency situation necessitating a full school lockdown. When I asked her directly what she feels need to do to be kept safer, her response was, simply, "not another training." Instead, she voiced a desire to take a preventive approach to addressing the antecedents of gun violence occurring in schools, such as students with untreated mental health needs, students' exposure to in-home violence and easy access to family members' firearms, and limited mental health resources with which to provide students.

Ending school violence and cultivating within schools a sense of safety for all students requires a multifaceted approach—complete with not just intervention, but also prevention measures. This is the approach the Center for Violence Prevention at CHOP, also referred to as CVP, takes to addressing gun violence and reducing the exposure to and impact of violence among children, teens, and families. CVP's programs address behaviors that lead to gun violence through programs that focus on, for example, reducing injuries from assault, bullying and

aggression in schools, suicide prevention, advisement on firearm safety policy, and decreasing rates of family violence.

Policymaking efforts that look to stem violence and mitigate the secondary impacts can and should adopt a similar approach of intervention and prevention. Please consider the following:

- Schools as bullying preventionists and interventionists: For the past twenty years, CVP bullying prevention experts have partnered with administrators, teachers, and staff in the School District of Philadelphia to deliver evidence-based bullying prevention programming that teaches children how to prevent aggression and bullying through recognition and management of negative emotions, awareness of social cues, and being positive bystanders. Such work begins as early as the third grade and has demonstrated effectiveness in reducing aggression in students[xxii,xxiii]. Funding to facilitate schools' adoption of such programming is vital to schools creating and sustaining a culture of physical and emotional safety.
- Schools as entry points for trauma-informed mental health support: Gun violence disproportionately impacts Black children, children living in cities, and families living in poverty[xxiv]—something we see across the Commonwealth. Additionally, there exist many barriers to accessing and engaging with high quality, evidence-based, trauma-informed mental health treatment for youth of color and those living in poverty, particularly in the wake of the COVID-19 pandemic.[xxv] Schools can serve as an entry point and resource for youth to access effective, evidence-based trauma therapy as well as psychoeducation on trauma and posttraumatic stress. Such service and resource can potentially reduce the progression of acute stress following a traumatic event(s) into posttraumatic stress disorder or other chronic mental health conditions.

Unfortunately, we live in a world wherein schools do need to consider and prepare their students and staff for armed intruders. However, lockdown and active shooter drills are not the sole answer for protecting students, teachers, and school staff. A multifaceted, proactive, preventive approach to the gun violence plaguing the Commonwealth's communities and permeating school walls is necessary to reduce pediatric firearm mortality, curb the long-term mental health impacts associated with exposure to gun violence early in life, and secure schools as places where children and teachers thrive instead of feel unsafe.

Again, I'd like to thank Senators Muth, Cappelletti, Kane, and members of this committee for the invitation to testify and the Democratic Policy Committee for holding a hearing on this important issue.

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