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Testimony for the record

On behalf of the
American Academy of Pediatrics

Senate Judiciary Subcommittee on the Constitution, Civil Rights and Human Rights hearing:

"Proposals to Reduce Gun Violence: Protecting Our Communities While Respecting the Second Amendment"

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The American Academy of Pediatrics (AAP), a non-profit professional organization of more than 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The AAP is committed to protecting children from the horrific consequences of gun violence and traumatic events, and ensuring children's safety within their homes, schools and communities. The tragedy at Sandy Hook Elementary School in Newtown, CT serves as a stark reminder that gun violence affects communities nationwide. Unfortunately, while outbursts of mass violence like that at Sandy Hook are at least relatively rare, the scourge of gun violence is a phenomenon that our nation's children experience every single day. In 2008 and 2009, 5,740 children were killed by guns, meaning that 55 died each week during that period[1]. The causes of gun violence are varied and complex but we must act to develop a comprehensive response centered on the rights children and families to be safe and free from its harmful effect in their lives and within their communities.

A Public Health Approach to Reducing Gun Violence

Gun violence is a public health issue with particularly pernicious effects on children. Firearm related deaths continue to be one of the top three causes of death among American youth[2], causing twice as many deaths as cancer, five times as many as heart disease, and 15 times as many as infections[3]. In 2009, 84.5 percent of all homicides of people 15 to 19 years of age were firearm-related. The United States has the highest rates of firearm-related death (including homicide, suicide and unintentional deaths) among high income countries. For youth ages 15 to 24 years of age, fire arm homicide rates were 35.7 times higher than in other high income countries[4]. For over 20 years, the AAP has supported stronger gun violence prevention policies because of the public health implications of this problem. Reducing its impact must be consistent with other initiatives that have reduced injury and mortality through evidence-based prevention efforts.

Policy of the AAP, based on extensive research, is that absence of guns from children's homes and communities is the most reliable and effective measure to prevent firearm-related injuries in children and adolescents[5]. Access to a firearm increases the risk of unintended injury or death among all children. A gun stored in the home is associated with a threefold increase in the risk of homicide and a fivefold increase in the risk of suicide. Individuals possessing a firearm are more than four times more likely to be shot during an assault than those who do not own one[6]. The association of a gun in the home and increased risk of suicide among adolescents is well-documented, even among teens with no underlying psychiatric diagnosis. These health risks associated with gun violence point toward the need for long term research investments on effective strategies to protect children and adolescents, particularly those within at-risk communities.

As part of its engagement with the White House Taskforce on Gun Violence Prevention, the AAP recommended federal support for gun violence research, and is pleased the President's plan recommended $10 million to support Centers for Disease Control and

Prevention (CDC) research into the causes and prevention of gun violence; $10 million for CDC to conduct further research regarding the relationship between video games, media images and violence; and $20 million to expand the National Violent Death Reporting System from 18 to 50 states. The AAP urges Congress to support these efforts within the annual appropriations process and to eliminate any restrictive language that may discourage gun violence research.

The AAP supports policies aimed at protecting children and adolescents from the destructive effect of guns through strong gun safety legislation that bans assault weapons and high-capacity magazines, requires universal background checks, and mandates safe firearm storage. Consistent with this policy, the AAP has endorsed the *Assault Weapons Regulatory Act of 2013* (S. 150/H.R. 437). According to a recent analysis by the Violence Policy Center (VPC), the five states (Alabama, Alaska, Louisiana, Montana, and Wyoming) with the least restrictive gun laws and high gun ownership rates also had the highest per capita gun death rates. States with strong gun laws and low rates of gun ownership had far lower rates of firearm-related death[7]. The AAP is encouraged that bipartisan efforts are underway to strengthen gun laws, and looks forward to the opportunity to review those plans as they materialize.

Responsible Gun Ownership

Policies to support safe and responsible ownership can go a long way toward keeping firearms out of the hands of children and adolescents who may harm themselves or others. An estimated 57 million Americans own 283 million firearms in 2004. Among gun owners with a child 18 years old or younger, 31 percent store their guns unlocked, 21 percent store them loaded, and 8.3 percent store them unlocked and loaded. Safe gun storage can reduce the risk of youth injury and suicide by more than 70 percent; therefore, efforts to educate families and require responsible practices through child access prevention (CAP) laws should be supported as important, but common sense, interventions.

CAP laws impose criminal liability on adults who negligently leave firearms accessible to children or otherwise allow children access to firearms. One study found that in twelve states where such laws had been in effect for at least one year, unintentional firearm deaths fell by 23% from 1990-94 among children under 15 years of age[8]. Laws reducing child access also are associated with lower overall adolescent suicide.

The AAP commends the Obama Administration's safe gun storage campaign proposal and urges Congress to support this initiative. Medical professionals and law enforcement officials should play an important role in implementing this campaign. The AAP's *Bright Futures* clinical guidance recommends that pediatricians ask about guns in the home and that they provide age-appropriate safety counseling, similar to the guidance they provide on other injury risks, like drowning and parental tobacco use[9]. Physician counseling of parents about firearm safety, particularly when combined with the distribution of gun locks, has been demonstrated to be an effective prevention measure and shown to increase compliance with safe storage principles[10].

At the federal level, the Affordable Care Act includes language barring the Secretary of the Department of Health and Human Services and health plans participating in the exchanges from collecting and housing information regarding the presence of firearms in the home. The AAP welcomes the president's guidance that the Affordable Care Act does not prohibit physicians from counseling patients regarding firearms.

The AAP remains concerned about state efforts to infringe upon physicians' rights to provide this crucial counsel such as the *Firearm Owners' Privacy Act,* enacted in Florida, which prevented physicians from providing such counsel under threat of financial penalty and potential loss of licensure. The law has been blocked from implementation by a U.S. District court but similar policies have been introduced in seven other states: Alabama, Minnesota, North Carolina, Oklahoma, South Carolina, Tennessee and West Virginia. This right must be protected to mitigate risk of injury to children in the environments in which they live and play.

Exposure to Violence and Toxic Stress

Addressing the needs of children exposed to violence should be a vital consideration when addressing both the immediate and long term impacts of gun violence. Over 60 percent of children and adolescents are exposed to violence each year. Children exposed to violence are at increased risk for future victimization, perpetration of violence, and other negative health and social outcomes[11]. Children and adolescents can be exposed to numerous types of violence and the effects can be devastating. An increasing body of evidence documents the robust relationship between adverse experiences in early childhood and a host of other medical complications that manifest throughout an individual's life. It was not until the 1980s and 1990s that researchers recognized that risk factors for diseases, such as smoking, alcohol abuse, and risky sexual behaviors, were not randomly distributed in the population. The landmark Adverse Childhood Experiences (ACE) study[12] sponsored by the CDC and Kaiser Permanente and conducted by co-principal investigators Vincent J. Felitti, MD and Robert F. Anda, MD MS, was one of the first long-term studies to examine the direct connection between risk factors for disease and poor health status in adulthood and their antecedents in adverse experiences during childhood.

Many of these negative impacts are results of maladapted neural connections in the brain. Further, research has shown that neural connections, which are particularly vulnerable in the early stages of life (even infancy), can be disrupted and damaged during periods of extreme and repetitive stress[13]. Some degree of childhood adversity is inevitable, and dealing with manageable levels of stress is an important part of healthy development; however, children in unsafe environments are at risk for exposure to what is called "toxic stress," which defined as the excessive or prolonged activation of the physiologic stress response systems in the absence of the buffering protection afforded by stable, responsive relationships.[14].

The effects of exposure to violence may be traumatic for any child. Long after the violence has ended, it is clear that the physiological effects on the child can carry significant ramifications for his life-long health unless they are addressed comprehensively through both traditional medicine as well as evidence-based psychosocial interventions[15]. There are effective treatments available, but early intervention is critical[16]. Primary prevention of the adverse consequences of toxic stress includes those interventions that strengthen a family's social supports and encourage a parent's adoption of positive parenting techniques that can be encouraged within the medical home. The AAP urges Congress to support resiliency-based violence prevention strategies in preschool children and high quality home visiting programs that provide essential family support and can be coordinated with the medical home. The AAP also urges Congress to pursue policies designed to prevent gun violence through evidence-based work with youth, families, and communities consistent with the recommendations within the House Democrats' Gun Violence Prevention Task Force proposal.

When considering violence prevention strategies, is it important to note that decades of extensive research has drawn a direct, causal link between violent media exposure and aggressive behavior and desensitization to violence. By the age of 18, the average young person will have witnessed 200,000 acts of violence on television alone[17]. Beyond passive media violence exposure such as television, children are increasingly exposed to active virtual perpetration of violence through video games, which rewards violent behavior. These exposures negatively affect children's cognitive development, as children are influenced by media and learn through observing, imitating, and adopting behaviors[18]. In addition to research, the AAP supports efforts to reduce exposure to violence in the media.

Increasing Access to Mental Health Care

Individuals with severe mental illness are more likely to be victims of violence than perpetrators. A 2005 study in the *Archives of General Psychiatry* found that in the past year a quarter of individuals with SMIs were victims of violence, a rate 12 times that of the general population[19]. According to the National Institute of Mental Health, the majority of individuals with mental illnesses are not violent, and most acts of violence are committed by individuals who do not have mental illnesses. However, there is a risk of violence for those who are untreated and entering their first episode of psychosis[20]. The greatest risk of violence among individuals with SMIs is self-inflicted. There are over 38,000 suicides annually in the U.S., and 90 percent of them are tied to mental illness[21].

Although 1 in 5 children in the U.S. suffer from a diagnosable mental health disorder, only 20 to 25 percent of affected children actually receive needed treatment. Inadequate insurance coverage and high out-of-pocket costs create barriers that prevent children from accessing needed mental health services[22]. A recent GAO report found that from 2007 to 2009, most children with a potential mental health need did not receive any mental health services. The report determined that 80 percent of such children, whether on public or private health insurance, did not receive psychosocial therapy and 70 percent did not have mental health office visits[23].

To address the shortage of mental health professionals, the Administration is proposing $50 million to train social workers, counselors, psychologists, and other mental health professionals. The Administration also plans to take action by ensuing newly covered Americans, under the Affordable Health Care Act, and those with health insurance get quality mental health coverage by: (1) finalizing the Mental Health Parity regulations to require insurance plans to cover mental health and (2) ensuring Medicaid is meeting its obligation to cover mental health equally. The AAP has urged HHS to use its current authority to improve access to critical mental health services and hopes policy makers will provide the support necessary to implement these recommendations.

Improving access to mental health prevention and treatment is necessary to any comprehensive approach to gun violence. The AAP supports efforts to address the administrative and financial barriers that prevent children from receiving necessary care and to address workforce shortage issues. Pediatricians serve as the main point of contact with the health care system for most children and youth, and any proposal to improve mental health access should embrace this key role pediatricians play in caring for children and assessing their health.

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