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Mass Violence in America

Causes, Impacts, and Solutions

My Background

- Medical Director for National Council for Mental Wellbeing
- Practicing Psychiatrist in a Community Health Center
- Distinguished Professor, Missouri Institute of Mental Health, University of Missouri St. Louis
- **Previously**
 - Medicaid Director for Missouri
 - Medical Director Missouri Department of Mental Health

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National Council Medical Director Institute

- Medical directors from mental health and substance use treatment organizations from across the country.
- Advises National Council members, staff and Board of Directors on issues that impact National Council members' clinical practices
- Champions National Council policy and initiatives that affect clinical practice, clinicians employed, by member organizations, national organizations representing clinicians and governmental agencies

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Diverse Expert Panels

- Practitioners
- Administrators
- Policymakers
- Patients/Peers
- Researchers
- Innovators
- Law Enforcement
- Judges
- Educators
- Advocates
- Payers
- Pharmacists
- Managed Care
- State and Federal
- Professional Associations
- Member Executives

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Modular Tool You Can Customize

- Executive Summary
- Environmental Scan – Causes and Impacts
- Potential Solutions
- Recommendations – specific and actionable
 - Federal and State Government
 - Provider Organizations
 - Psychiatrists and Allied Psychiatric Professions
 - Payers
 - Training Programs

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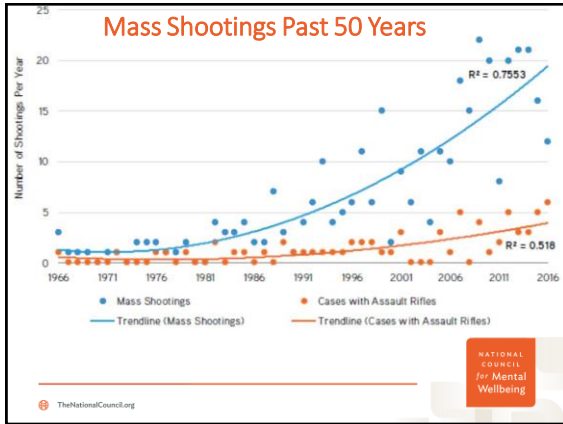
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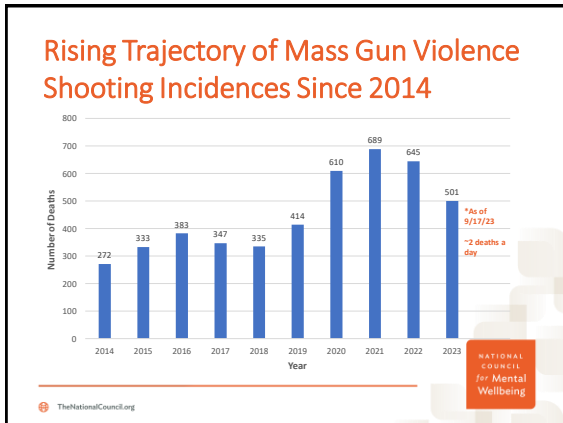
Elastic and Varied Definitions of Mass Violence Affect Estimates of the Prevalence, Correlates, and Putative Causes of the Problem

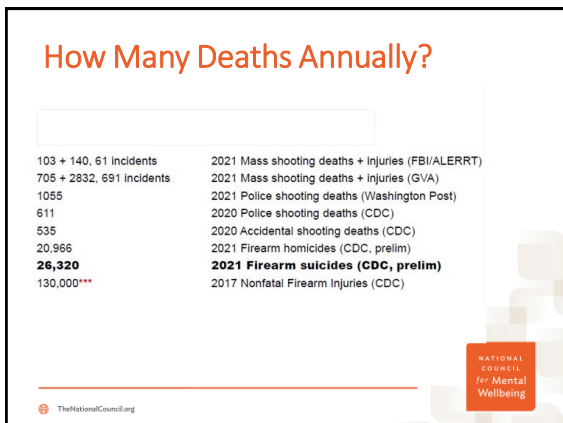
- FBI Report, 2008. A mass murderer—versus a spree killer or a serial killer—[is one who] kills [by any method] 4 or more people in a single incident (not including himself), typically in a single location.
 - Shifting fatality criterion: In 2013, criterion revised down to 3 or more deaths.
- Congressional Research Service (CRS) report, 2013: Public mass shooting incidents [other methods excluded] occurring in relatively public places, involving 4 or more deaths—not including the shooter(s)—and gunmen who select victims somewhat indiscriminately.
 - Motivational criteria: “The violence in these cases is not a means to an end—the gunmen do not pursue criminal profit or kill in the name of terrorist ideologies, for example.”
- Stanford Mass Shootings of America (MSA) project: Mass shootings [are incidents with] 3 or more shooting victims (not necessarily fatalities), not including the shooter.
 - No fatality threshold—counts shooting survivors—and excludes “ordinary” street violence: “The shooting must not be identifiably gang, drug, or organized crime related.”
- Mother Jones Guide to Mass Shootings in America: The perpetrator took the lives of at least 4 people...The killings were carried out by a lone shooter [with a few exceptions]...in a public place.
 - Excludes most family/domestic homicides: “The shooting occurred in a public place.”

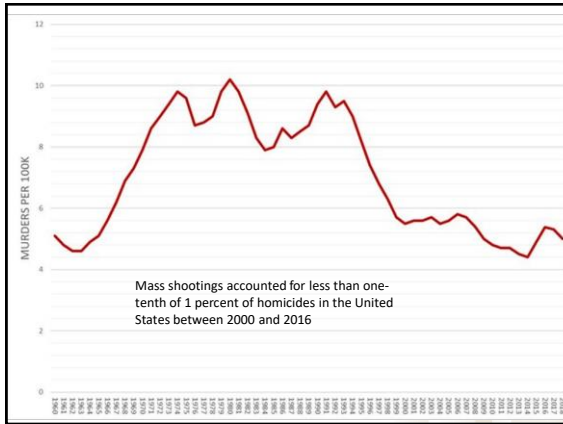
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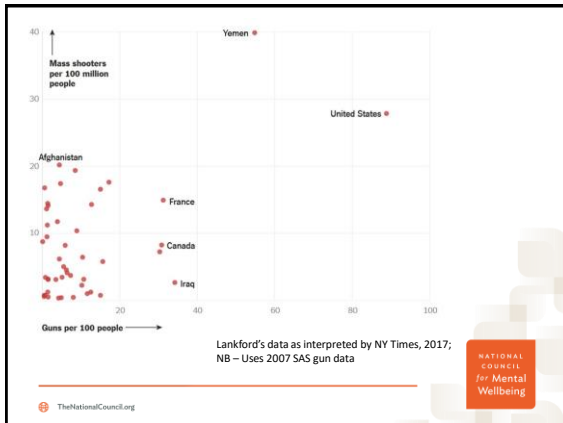
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Research Trends on Mass Shootings as Various Defined

- Increasing in number
- Increasing in frequency / decreased interval between events
- Increasing in severity (number injured or killed)
- Increasing in media coverage per event
- Not increasing (minority view)

Table 2. Mass Shootings and the Federal Assault Weapon Ban.

Time period	Incidents		Victims	
	Total	Average	Total	Average
1976-1994	335	17.6	1,536	80.8
1995-2004	193	19.3	876	87.6
2005-2011	144	20.6	699	99.9

Source. Supplementary Homicide Reports, 1976-2011.

Table 3. Weapons Used in Public Mass Shootings.

Type of firearm	n	%
Assault weapons	35	24.6
Semiautomatic handguns	68	47.9
Revolvers	20	14.1
Shotguns	19	13.4
Total	142	100.0

Source. Mother Jones database of mass shootings, 1982-2012.

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Characteristics that Mass Shooters Share

- Male (approximately 24:1 male to female)
- Race is equally distributed by population representation for white/black
- Attacks are often premeditated and planned
- Suicidal or life indifference
- Perceived victimization of themselves and/or a group they identify with
- For many, they are seeking personal notoriety and/or attention to a group or a cause
- For many, they perceive acute social and/or situational factors that contribute to drive to attack
- For some, narcissistic personality features (e.g., attention seeking, feeling unvalued)

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Violence & Mass Shootings: Likelihood of "Mental Illness"

- 4% Violence attributable to MI (Swanson 1996)
- 4.7% NICS-disqualifying MI PMSs (Silver et al 2018)
- 11% Evidence of prior MH "concerns" (Everytown 2015)
- 17% Pre-incident dx, school shooters (Vossekuil 2002)
- 17% Any non-SUD Axis I in murder def's (Martone 2013)
- 25% Evidence of SMI, 100+ yrs of MM (Stone 2015)
- 25% Pre-incident diagnosis of any kind (Silver/BAU 2018)
- 28% Evidence of MI, ISIS-influenced (Gill & Corner 2017)
- 55% Lifetime risk, DSM-IV Disorder (Kessler 2006)
- 59% "Signs of serious mental illness" (Duwe 2007)
- 62% Mental Health "Stressor," AS (Silver/BAU 2018)

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Points of Confusion

- What is meant by “mental illness”?
 - Chronic and severe mental illness?
 - Depression?
 - Personality disorders?
 - Impulse control disorders?
 - Substance abuse?
- Is it a “false dichotomy”?
 - Criminality vs. mental illness?
 - Terrorism vs. mental illness?

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Mental Illness and Violence

- **Fact:** Absent active psychotic symptoms, the risk of violence for mentally ill individuals (excluding substance abuse) is no higher than for demographically similar members of the same community who have never been treated
- **Fact:** Individuals with serious mental illness are at an increased risk of violence that is statistically significant, but not by much
- Individuals with mental disorders most at risk
 - Individuals with substance abuse/dependence
 - Psychotic disorders with active symptoms
 - Paranoia, control, override symptoms
 - History of Oppositional Defiant Disorder as children and/or
 - History of Antisocial Personality Disorder as adults (Psychopathy/Subclinical Psychopathy)
 - History of violence (perpetrator or victim)
- Another challenge: distinguishing delusion from over-valued ideas.
- **Focus on behavior, not diagnosis!**

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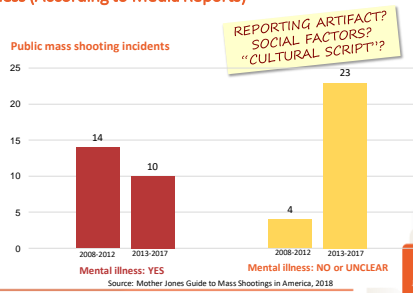
Describing a “Profile” Can Be A Misleading Exercise

- Despite enormous media attention focused on public mass shootings, these are rare and diverse events in the population, making them difficult to characterize and virtually impossible to “predict”
- Relevant characteristics of mass violence perpetrators are many, and shared by large proportions of people who will *not* commit acts of mass violence
- Thus, the “risk factors” for mass violence are nonspecific; there is no especially useful “profile of the mass shooter”

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Recent Apparent Increases in Public Mass Shooting Incidents Occurred Among Perpetrators with No Clear Signs of Mental Illness (According to Media Reports)



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Conclusions

- Mass violence is increasing in the last 10 years and that increase is due to increase mass violence utilizing guns
- Serious Mental Illness (schizophrenia and bipolar disorder) is not a significant direct cause of mass violence
- Mental distress associated with isolation, past history of trauma, past history of violence, feelings of injustice and SUD are strongly associated with mass violence
- Current knowledge does not allow for an operationally useful accuracy of prediction of who will perpetrate mass violence. Risk factors are nonspecific resulting in very large portion of false positive identifications.

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Potential Solutions

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Nobody Just Snaps: Lessons from the Exceptional Case Study Project

(Fein & Vossekuil / DOJ 1998)



- Movement from idea to action, a process that can take days to years
- Motives
- Target selection
- Planning
- Communication
- Timing
- Life experiences
- Role (sometimes) of mental illness

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Defining Threat Management

- A process for analyzing whether a specific individual/entity **poses a risk of violence** to another individual or entity, involving:
 - A multidisciplinary, collaborative team approach including behavioral health, legal and security/law enforcement professionals
 - Integration of multiple sources of information (ideally)
 - Threats from known or anonymous sources
 - Efforts to mitigate the risk and avoid any possible damage or criminal activity often through ongoing case management

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As Many as 80% of Assailants Leak or Threaten

A **threat** is a communication to a target of intent to do harm.

Leakage is the communication to a third party of an intent to do harm.

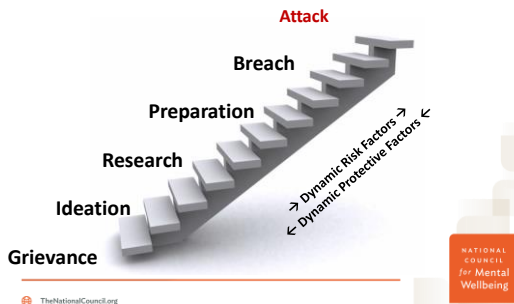


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Pathway to Intended Violence

(Adapted from Calhoun & Weston 2003)



Don't Just Harden the Target, Help the Target

- Situational awareness
- Social media lockdown and OSINT Review
- Personal security & training
- Victim advocate, union support
- Support for sharing with friends/family
- Employee assistance, victim services
- Relocation support, job search



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Threat Assessment and Management

- Using diverse teams of subject matter and operational experts to recognize and manage violence risk before attacks happen
- Case management approach – longitudinal monitoring and intervention

Mitigation of harm is the absolute goal

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The Spectrum of Interventions

- Awareness
- Passive monitoring
- Active monitoring (surveillance/cs, evaluation, re-evaluation)
- Problem solving (with person of concern, with others)
- Distraction & Redirection
- Visual deterrent (signage, show of security / support / force)
- Direction (Knock and talk, overt monitoring, wellness check or call)
- Restriction (restraining order, banned from property)
- Confinement (psychiatric commitment, arrest)
- Direct force

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The Expansion of Zero Tolerance

From No Guns to

- No Toy Guns
- No Nail clippers
- No Plastic utensils
- No Finger-pointing
- No Jokes
- No Drawings
- No Rubber band shooting

No accidental violations

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Suspension Practices

Suspension is a practice that has more negative than positive effects on students:

- Fall behind in their classes
- Feel alienated and rejected
- Continue to misbehave and be suspended
- Drop out of school
- Juvenile court involvement



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School Recommendations – Don't

- Zero tolerance suspension policies
- Invest in high-cost hard security measures
 - Safe rooms
 - Metal detectors
 - High levels of security staffing
- Engage in extremely realistic and dramatic active shooter drills
 - Injury makeup
 - Surprise enactments withdrawn weapons

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School Recommendations - DO

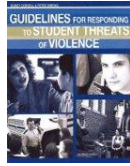
- Remember 1600 shootings outside of school forever shooting within the school
- Adequate teacher-student ratios
- "See something, Say something" - a climate in which students feel comfortable coming forward to a responsible adult with information they may have regarding a threatening situation
- Threat Assessment and Management
- Multidisciplinary team
- Structured ongoing process

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Research on Threat Assessment

1. 99% of threats not carried out.
2. Only 1% expelled, 1% arrested.
3. Suspension rates decreased.
4. Racial disparities reduced or absent.
5. Counseling used more often.
6. More positive school climate.



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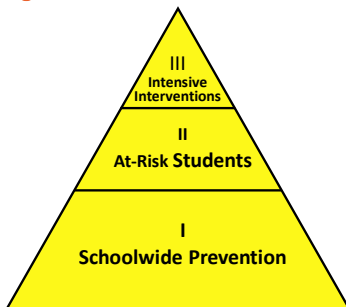
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Prevention begins with a safe and supportive school climate.

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The Significance of Safe School Climates



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Safe School Climates and Cultures

Main objective of all credible school violence reduction strategies is to create cultures and climates of safety

Forging Connections with Adults

Creating Positive Ties with Peers

Violence is the tip of the iceberg

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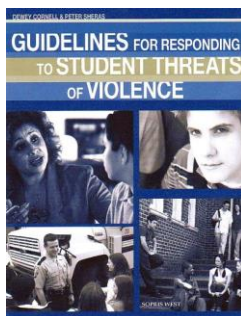
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Recommendations

- Schools should ensure a climate in which students feel comfortable coming forward to a responsible adult with information they may have regarding a threatening situation
- All staff should be trained to properly respond to students who provide them with information about a threatening or disturbing situation, as well as how to deal with actual threats

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- Threat assessment must be adapted for schools
- Recognize developmental issues in children, social context of school
- Goal is not punishment but successful education and healthy development

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Summary

1. Schools are safer than the public perceives
2. Emphasize prevention rather than reactive strategies
 - Oppose zero tolerance discipline
 - Oppose excessive security measures
 - Oppose excessive shooter drills
3. Support to schools prior to and after event is essential
4. Prevention begins with a positive school climate
5. Schools should use threat assessment

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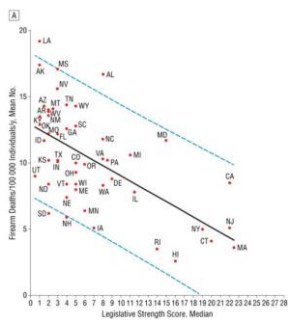
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Mass Shootings

- What does the scientific evidence say about the effects of various firearm policies on societally important outcomes?
- 72 / 9382 studies included
- Inconclusive findings:
 - Background checks, ASW/HCM bans, license/permit requirements, child access laws, minimum purchase age, CC laws, waiting periods
- No useful research
 - Stand your ground, MI prohibitions, lost/stolen reporting, sales reporting/recording, surrender by prohibited possessors, minimum age, gun free zones

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Firearm Deaths (per 100,000 individuals, Mean) vs. Legislative Strength Score, Median

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Conclusions

- Stricter laws on firearms in general in a state are associated with fewer mass shootings after accounting for population and multiple, key confounding factors
- More studies are warranted given these findings and the pressing need to stem the continued stream of mass shootings in the U.S.
- The variability in data collection for mass shootings signals the need for national, standardized collection

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Risk Based Removal Laws

- Civil court order for gun removal (non-criminalizing)
- For individuals who possess firearms and are known to pose high risk of harming others or themselves in the near future
- Criteria for gun removal do not require that the person have a diagnosis of mental illness or any gun-disqualifying record
- Authorizes police to search for and remove firearms
 - Initial warrant based on probable cause of imminent harm
 - Subsequent court hearing (e.g., within 2 weeks) requires state to show clear and convincing evidence of ongoing risk
- Gun removal is time-limited, typically 12 months

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Implementation of Connecticut's "Risk Warrant" Gun Removal Law: GS § 29-38c (1999 - 2013)

- **762** gun removal cases studied
- Average number of guns removed per case: **7 guns**
- Gender: **92% male**
- Age: mean **47 years**
- Mental health or substance use treatment record: **46%**
- Arrest leading to conviction in year before or after: **12%**
- Risk of harm to self: **61%**
- Calls to police come from family/friend: **49% of cases**
- Transported to ED/hospital: **55%**

- **OUTCOME: For every 10-20 risk warrants, 1 suicide was averted**

Swanson JW et al. (2017). Implementation and effectiveness of Connecticut's risk-based gun removal law: Does it prevent suicides? *Law and Contemporary Problems* 80, 101-128

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21 Possible Mass Shootings Averted

Annals of Internal Medicine

MEDICINE AND PUBLIC ISSUES

Extreme Risk Protection Orders Intended to Prevent Mass Shootings

A Case Series

Gunn J. Watkinson, MD, MPH; Francesca A. Poon, MPH; Julia P. Schmitzer, MPH; Eocco Paltin, MPH; Sydney Sidi, BS; Nicole Kravitz-Wirtz, PhD; and Elizabeth A. Tenenich, PhD

Urgent, individualized interventions to reduce firearm access, such as extreme risk protection orders (ERPOs, colloquially known as "red flag" orders), provide a rapid, focused response when risk for imminent firearm violence is high. Studies to date suggest such interventions are most commonly used to prevent suicide and are effective. Authorizing legislation has often been enacted after public mass shootings but, to our knowledge, there have been only 2 reported cases of ERPO use in efforts to prevent mass shootings. California enacted the nation's first ERPO statute, which took effect in January 2016. The authors are evaluating that statute's implementation and effectiveness and are seeking to obtain court records for all ERPO cases occurring in 2016 to 2018. Based on 150 records received thus far, this article presents an aggregate summary and individual histories for a preliminary series of 21 cases in which ERPOs were used in efforts to prevent mass shootings. Most subjects were male and

non-Hispanic white; the mean age was 35 years. Most subjects made explicit threats and owned firearms. Four cases arose primarily in relation to medical or mental health conditions, and such conditions were noted in 4 others. Fifty-two firearms were recovered. As of early August 2019, none of the threatened shootings had occurred, and no other homicides or suicides by persons subject to the orders were identified. It is impossible to know whether violence would have occurred had ERPOs not been issued, and the authors make no claim of a causal relationship. Nevertheless, the cases suggest that this urgent, individualized intervention can play a role in efforts to prevent mass shootings, in health care settings and elsewhere. Further evaluation would be helpful.

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For author disclosures, see end of text.

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Research

- Standardized approaches to after action reports – root cause analysis for
- Focused research on ERPOs for prevention of violence
- Develop uniform, evidence-based standards for firearm rights removal and relinquishment after psychiatric care
- Broad research on firearm injury prevention strategies
- Broad research on case finding, classification, including averted and inchoate attacks

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Legislation & Government


- Support HHS, DOJ, VHA and other agencies in promoting and developing threat management
- Pass and fund TAPS Act
- Pass and implement red flag laws, universal background checks
- Promote research and training relating to violence and firearm injury prevention
- Broader MHFA training
- Expand Certified Community Mental Health Centers nationwide

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**Mental Health
FIRST AID**



Community mental health collaboration with law enforcement

- Partner with Mental Health First Aid
- Local offices to have trainers for the 8-hour course
- Meet and liaison with local mental health experts
- Work with BAU/Threat Assessment to devise mitigation and engagement strategies.

Healthcare Organizations: Prevention

- Safety Culture and embracing See Something/Say Something
- Broaden and strengthen WPV policies
- Collaborative mindset for violence risk management: Get to Yes, not CYA
- Improve pathways for ethical information sharing with LEO – starting with HIPAA (re)education
- Funded, accessible, resourced and staffed community MH services
- Expanded access to MH consultation for primary care
- Improve involuntary outpatient treatment options




Healthcare Organizations: Preparation

- Establish hospital/HCO based threat management teams
- Cooperate and support regional CIT training
- Support a culture of safety and continuous improvement (not a one-off training)
- Promote case conferencing, consultation and handoffs for high risk cases
- Promote MHFA, threat and violence risk assessment as TJ and CARF requirements




High Risk individuals

- Strengthen formal and informal networks of organizations which may intersect with people at risk – health, LE, schools, faith community, neighborhood groups
- Expand training opportunities for health professionals to develop violence and threat management skills
- Attend to personality (psychopathy, paranoia, narcissism) and substance use as well as traditional mental illnesses
- Enhanced intervention for DV/IPV
- Improve social history taking for mental health professionals

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Clinical Recommendations

- Improve training for clinicians on recognizing and managing violence risk (including non-mental health professionals)
- Improve institutional resources for rapid, effective consultation on violence risk and threat management
- Improve training and skills of clinicians to effectively counsel about firearm access and safety
- Ulysses Contract - 46% of psychiatric patients would willingly agree to a 7d delay or judicial review limit on firearm access (Vars et al., SLTB, 2017)

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HIPAA: Time for Re-education?

- 16 exceptions for disclosure for the public good, including danger to self and others, law enforcement
- When a provider believes in good faith that a warning to law enforcement, family members of the patient, or others is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the privacy rule allows the provider, consistent with applicable law and standards of ethical conduct, to alert those persons whom the provider believes are reasonably able to repent or lessen the threat 45 CFR Sec. 164.512(j)
- May notify family to watch for symptoms, even if harm not imminent 45 CFR 164.510(b)(2)

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Recommendations to Reduce Mass Violence

- There are a range of potentially effective policies and interventions that can prevent and reduce incidents of mass violence
- No single solution will solve mass violence
- A multi-faceted community response is required to address this large-scale national issue.
- Specific Recommendations are Offered for:
 - Legislation and Government agencies
 - Communities
 - Schools
 - Health Care Organizations
 - Legislation and Governmental Agencies

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Find the report at:
<https://www.thenationalcouncil.org/about/national-mental-health-association/medical-director-institute/>

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