

AVERTING THE PREVALENCE AND CONSEQUENCES OF MASS SHOOTING AND URBAN GUN VIOLENCE



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January 22, 2013

¹ Ben Mauro served as chief research associate and statistical analyst and Ann Matranga was the general editor of both white paper and summary. Thanks to Rhett Covington, Christopher Kaliebe, Joe Keating, Razi Leptich, Alex Priebe, Sonita Singh, Stacy Bruce, Stephanie Chen, Lee Gary, Jim Sherman and Ann Redd for their insights and critical perspectives.

Overview

America has reached a watershed moment, a crucial dividing point to define a strategy that will reduce the risks of gun violence. No one who has heard of the massacre at Sandy Hook Elementary School, and no one who is aware of the daily murder statistics in cities such as New Orleans or Chicago, can ignore the chokehold that murder, often committed with assault weapons, has on American society. People in schools, streets, political gatherings and cinema have been gunned down with weapons spewing more than 600 rounds a minute. While the problem we are facing is clear, the solutions are complicated. The recommendations we will discuss here address the problems we face and the solutions we need to be a life-loving and safe society. A number of cities with high violence indicators have successfully reduced their murder rates in the last 17 years using a variety of effective community practices. While we are well aware of the many issues related to gun control, this proposal will focus solely on law-enforcement, crime reduction, and mental health strategies to reduce gun-related violence. We will leave gun control to other forums.

We recommend enactment of the Youth Prison Reduction through Opportunities, Mentoring, Intervention, Support and Education Act (Youth PROMISE Act). The Youth PROMISE Act provides resources to state and local governments for comprehensive, evidenced-based strategies and programs to prevent juvenile crime. It is designed to measurably reduce the incidence of mass shootings and urban gun violence.

At the start, it is important make a distinction between mass shootings and urban gun violence. And yet, because both involve guns and death, these

two very different forms of violence must be viewed as a combined societal problem for communities in the United States.

In 2012, communities with very low risk of violent crime were subject to horrific attacks, such as the “Bat Man” movie theater attack in Aurora, Colorado and the Newtown Sandy Hook school murders, where 20 young children and six adults died. Knowledge about these events and their causes and consequences has emerged from analysis of more than 30 deadly incidents since Columbine, as well as a number of incidents in which a mass shooting was averted.

The profile for urban violence differs from that of mass shootings. In New Orleans, Chicago and a small group of other cities, guns deaths occur every day in numbers that far exceed the total deaths from mass shootings.

The Youth PROMISE Act addresses both forms of violence by defining broad objectives in four distinct areas:

1. Enable communities to save lives, increase safety, and save money through broad public health efforts to reduce the risk of violence in all forms.
2. Enable communities to respond to youth who present the highest potential risk.
3. Enable communities to respond to the aftermath of gun violence incidents.
4. Establish quantifiable performance measures for the Youth PROMISE Act. Objectives to be measured will include:
 - Increase resources available to communities to prevent and reduce gun violence.

- Decrease injuries and deaths caused by gun violence.
- Decrease the direct and collateral costs of gun violence.
- Analyze cost saving associated with violence prevention efforts.

Introduction

Murder in the United States has two faces. Of the 12,664 murders in the United States annually, firearms cause more than two-thirds. Murder patterns vary widely. Many communities have murder rates from 3% to 5%. Others, such as New Orleans, Louisiana, and Flint, Michigan, have murder rates 10 to 12 times the national average. It is essential to understand the public impact of both types of murder patterns, and to identify researched-based solutions for the full range of murder incidents. Such understanding and research will provide a foundation for the most effective programs and solutions, which the Youth Promise Act will support to save the lives of young people and adults.

In the wake of Newtown and other highly publicized mass shootings, civic debate has emerged regarding the causes of gun violence and the solutions that can prevent deaths and injuries from firearms. Mass shootings occur when untreated mental illness combines with access to rapid-firing guns. In the Newtown Sandy Hook School incident, the long and complex social history of the perpetrator and the multiple injuries to victims serve as markers that describe mass shootings of the past dozen years.

In communities where violence is endemic, the public sees a different picture. There is a growing realization that the root cause lies in societal factors. Such factors include illiteracy and substandard education, attention deficit disorders, learning disabilities, PTSD, depression, anxiety, substance

abuse, chronic environmental violence and other mental health challenges. Communities that suffer from endemic violence are marked by a lack of cohesiveness and untreated health and mental health conditions, all amid a constant environment of violent behavior.

In general, research linking mental illness and violence has yielded mixed results. Contrary to public perception of danger, mental illness alone does not predispose an individual to a violent act except when mediated by co-occurring substance abuse or other dynamic factors like unemployment, recent victimization or exposure to environmental or household violence. (Monahan 2001; Elbogen 2009) According to recent data released by OJJDP, up to 70% of youth in the juvenile justice system have a diagnosable mental health disorder, 60% also meet the criteria for a substance use disorder; and 27% experience disorders so severe that their ability to function is significantly impaired. Forty-four percent of youth in custody say they were under the influence of alcohol or drugs during the commission of their offense. Some of these factors can be addressed through specific interventions and there is clear documentation to show that solutions grounded in evidence-based practice have measurably reduced gun violence. At this time, in order to support the study and development of such practices, a national agenda is urgently required.

1. Anatomy of gun related violence

Mass shootings and urban murder trends differ in significant ways. While there have been relatively few incidents classified as mass shootings, each incident may have a devastating impact upon both the community and the individuals involved.

Most urban gun crime centers in few cities such as New Orleans,² Chicago, Detroit, Baltimore, and Philadelphia, and murder rates are highest in largely poor and minority communities. However, gun violence affects youth and families across the country. Across the United States, more than 5,700 children and teens were killed by guns in 2008 and 2009 - a number that would fill more than 200 public school classrooms - according to data compiled by The Children's Defense Fund.

The predictors of community violence are complex. The following tables will outline comparisons based on statistics: Frequency vs. Lethality per incident, Predictability vs. Frequency, and Understanding of the problem vs. Avertability.

Frequency and Lethality among Mass Shootings and Urban Gun Violence Patterns			
		Lethality per incident	
		Low	High
Frequency	Low		Mass Shootings (Newtown, Aurora Movie Theatre, Columbine)
	High		Urban Gun Violence (New Orleans,

² New Orleans has a murder rate of 57/100,000 compared with a national average of under 5/100, 000 (4.7 in 2011).

			Chicago, Flint, MI)
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Frequency and predictability vary for mass shootings and urban gun violence:

Predictability and Frequency among Mass Shootings and Urban Gun Violence Patterns			
		Frequency	
		Low	High
Predictability	Low	Mass Shootings (Newtown, Aurora Movie Theatre, Columbine)	
	High		Urban Gun Violence (New Orleans, Chicago, Flint, MI. Los Angeles)

Avertability and Understanding of Problem among Mass Shootings and Urban Gun Violence Patterns			
		Avertability	
		<u>Low</u>	<u>High</u>
Understanding of Problem	Low	Mass Shootings (Newtown, Aurora Movie Theatre, Columbine)	
	High		Urban Gun Violence (New Orleans, Chicago, Flint, MI) ³

In order to craft policy, it is essential to determine the degree to which each type of incident is avertable. Relatively little is known about the phenomenology of mass shooting events. There is a dearth of evidence-based research on mechanisms to reduce mass shooting events. The table below outlines descriptions of youth involved with urban gun violence and mass shootings, and highlights differences between the two.

³ While there are at least some evidence-based studies related to prevention of urban violence patterns, there is virtually nothing that can be considered evidence-based for mass shootings.

Urban gun violence

- Youth with low reading levels (often under 3rd Grade)
- Concentrated in a few urban environments
- Youth with a variety of untreated learning, mental health problems
- Youth involved in semi organized drug trade and armed
- Youth packing guns and gun availability
- Gang and drug economy vulnerability
- Immature moral development and conflict resolution skills

Mass Shootings

- Social isolates
- Immature sexual development
- Family moved in last three years
- Gun and ammunition availability and access
- Depression and other major mental illness
- Patterns of bullying and victimization
- Discontinuity in medications
- Suburban sprawl environments
- Sporadic mental health care
- Peer group conflict

While these patterns are different, there are similarities including the devastating impact of gun violence, the involvement of peers and cliques as well as an underlying theme of mental illness among perpetrators, whether or not diagnosed.

Legislation must be crafted to provide a multidisciplinary strategy to reduce injuries and deaths from mass shootings. The broad strategy includes:

- Limited access to assault weapons, and gun safety measures;
- Increased access to health and mental health services;
- Programs of education, prevention, and intervention to strengthen community cohesion.

Effective policy proposals emphasize prevention in response to emerging threats from high-risk individuals, including mentally ill persons with access

to rapid-firing weapons. Effective policy also enhances the capacity to respond to the aftermath of mass shooting incidents.

The Status of Science about the Causes of and Remedies for Violence

Techniques such as geographic profiling and predictive analytics have had very limited success in the effort to foresee community and individual targets. In terms of scientific documentation, the lack of substantive knowledge regarding both mass shootings and urban gun violence represents a challenge to the field and limits the ability of affected communities to reduce murder risks. For example there has been little research to compare mass shootings with incidents where a lethal outcome was averted. In addition, we have limited knowledge of the causes of urban violence and evidence-based approaches to reduce the risk of urban violence.

2. Mass Gun Violence in Schools and Communities

Evidence-based practices⁴ are required to provide a credible foundation for policy designed to support individual and community health and wellness, to identify with at-risk individuals who pose public safety risks due to mental health issues, and to intervene before a crime is committed. A strong policy foundation also requires methods for analysis and intervention after an incidence of violence takes place.

The Youth PROMISE Act is designed to prevent youth violence, strengthen families and bolster communities facing youth gang and crime challenges. Through the Youth PROMISE Act, local communities will come together to develop a comprehensive response to youth violence. A

⁴ Evidence-based practices: Programs and practices that use rigorous scientific methods to differentiate subject selection from program effect. The use of best scientific evidence available to make decisions about interventions for particular communities and individuals.

coordinated approach to violence prevention and intervention will strengthen communities and set priorities for the most challenged and crime-ridden communities.

1. **Prevention and prediction:** The prediction and prevention of violence among individuals in diverse settings with distinct characteristics is complex; communities and institutions need to develop credible assessment methods and provide dedicated financial and technical resources. The YPA must provide funding venues for communities. Prevention and prediction are not similar terms. Prediction seeks to identify the likelihood of a specific event and the behavior of a given individual. The science of prediction has shown modest success at this time. Prevention however, measurably reduces the likelihood of similar events in a given population. Prevention can be understood at three levels:

Primary prevention: Seeks to promote and create favorable community characteristics associated with reduction in violence and suicide. Examples include the school safety programs, anti-bullying programs, conflict resolution, employment and educational opportunities, the Broken Window Theory interventions, and wellness community and school wellness programs.

Secondary Prevention: Identifies at risk individuals. Examples include threat assessment, school-based mental health assessments, workplace mental health assessments and interventions, and the expansion of mental health services.

Tertiary Prevention: Mental health attention for individuals who have displayed symptoms of mental illness, or truancy, violence, self-injurious gestures and the like. Examples include the expansion of parity for mental health and addiction services, programs to provide mental health services through schools, workplace, and primary care, and post-event trauma response for injured individuals and injured communities.

It is a complex matter to predict and prevent violence among individuals in settings with distinct characteristics. With respect to mental health, the majority of individuals who suffer from psychological or emotional symptoms, including substance use, are not violent. Often they do not seek help, mostly because of attitudinal and psychological barriers. In addition, they face structural deficiencies in mental health services including access, cost, and geographic and professional availability.

There has been limited success in research to predict violence in individuals with mental health challenges. Such research has false-positive (over-prediction) hazards, raising both legal and ethical concerns. Further, there is as yet no ability to predict low-frequency, high-lethality violent acts such as mass shootings. Most mass shooting incidents, however, have a few common elements that may be points for intervention. One such element is the suicide/homicide component, where violence to self and violence to others come together at the height of the violent act. Most individuals who commit a public mass-violent act commit suicide, or act with the knowledge that they will likely be killed. If they can be identified in advance,

intervention is possible. Another opportunity for intervention involves the planning / preparatory period for a mass violent event. Perpetrators of mass violence frequently announce their intention to someone in advance, or speak of their intention via electronic social media, or they display threatening behaviors. The individual has likely made hints or frank admissions of his/her plans, and may have taken steps to execute them. Violent individuals also frequently display behaviors in advance of their violent conduct that might allow for in-depth assessment of warning signs that leads to intervention and monitoring. Only late in the preparation of a lethal attack will a perpetrator and target be evident.

While mass public violence is very difficult to predict, suicide prediction is more reliable, particularly for imminent danger. Signs of the mental state of perpetrators include depression, anxiety, agitation, recent social isolation due to victimization, social awkwardness, a recent move to the area and lack of meaningful community ties, anger, frustration, and grandiosity. It may be valuable to look at programs for suicide prevention, expand them and gradually incorporate violence assessment. The Centers for Disease Control (CDC) has conducted important research on the implementation of statewide suicide prevention. From this perspective, we need to balance concern for public safety with privacy rights related to health and mental health treatment. Possible detrimental consequences can impact treatment outcomes. Policy proposals for reform need to address disclosure, rapport with clients, and unintended increase in the stigmatization of mental illness.

The Youth PROMISE Act offers a broad legislative strategy to prevent and reduce injuries and deaths from both mass shootings and urban violence.

Focuses of the PROMISE Act include limited access to assault weapons, gun safety measures, mental health programs, and gun crime and violence prevention.

Urban Gun Violence:

The Problem:

Most gun crime murders are centered in a very few cities: predominantly those where poverty is more extensive and extreme.

City	2011 Homicides	Population (est.)	Homicide Rate Per 100,000
New Orleans, LA	200	346,974	57.64
Detroit, MI	344	713,239	48.23
Baltimore, MD	196	626,848	31.27
Philadelphia, PA	324	1,530,873	21.16
Washington D.C	108	617,996	17.48
Chicago, IL	430	2,703,713	15.90
Dallas, TX	133	1,223,021	10.87
Houston, TX	198	2,143,628	9.24
Phoenix, AR	116	1,466,097	7.91
Los Angeles, CA	297	3,837,207	7.74
New York, NY	515	8,211,875	6.27

The murder rates in these cities range from near the national average of under 5 murders per 100,000 population to almost 60 per 100,000 in cities such as New Orleans. There have been notable changes in violence patterns among the larger cities in the United States. While gun violence has declined since the mid- 1990s, there are a number of cities that endure persistent and very high murder rates despite efforts to reform.

In many cities, the development of criminal records – often associated with low-level drug use – substantially reduces socially acceptable employment options, leading many to turn to illegal activities. When we examine the recidivist nature of the majority of participants in the drug economy in these cities, patterns emerge to indicate that the law enforcement system may be seen as an occupational hazard, and perhaps a rite of passage among peers. With that in mind, narcotics sales could be a rational choice for many poor youth. It is essential to understand how the progenitors of violence function among individuals and groups.

Documented gang structures in violence-prone communities (Klein and Maxson 2006) indicate that gangs are often unstructured and loosely formed. Gang activity often has roots in generational neighborhood affiliations. The incarceration of experienced gang-members does not necessarily make the community safer because gang youth grow up in neighborhoods accustomed to violent crime where there may be no incentive to change course. Opportunities to make a living often do not exist outside of criminal activities. The Youth PROMISE Act provides for positive alternatives to gangs for youth seeking structure and connection. It considers the following factors related to gang culture which contributes to urban violence:

1. School factors, including substandard educational content, impoverished schools, a lack of consistency, structure, resources, and opportunities. (All these factors contribute to the “school to prison pipeline.”)
2. Neighborhood factors, including peer crime and violence, social disorganization, drug opportunities and low socio-economic status.
3. Lack of economic opportunities and economic skills.
4. Lack of legitimate protection and security other than gangs and guns.
5. Proliferation of guns and drugs.

With appropriate resources – such as those the Youth PROMISE Act will provide – youth who age out of gangs will remain unaffiliated and non-violent.⁵

Solutions:

Proposed solutions to urban gun violence are drawn from scientific studies and from the experience of selected cities where murder risk has been reduced substantially in the last five years.

Compton, CA; Washington DC; Richmond, VA

City	Percent Difference 2005-2011	2011	2010	2009	2008	2007	2006	2005
Compton, CA	-74%	17.42	26.62	38.35	29.62	38.55	40.41	67.1
Washington, DC	-50%	17.48	21.94	23.85	31.43	30.77	29.06	35.3
Richmond, VA	-59%	17.42	19.91	18.21	15.53	26.59	38.83	43

The three cities in this chart have shown dramatic reduction in violence since 2005. Of the top 13 cities with the highest per capita murder rates, Compton, Washington D.C. and Richmond have reduced their murder rates

⁵ See stats from the National Youth Gang Survey and the National Longitudinal Survey of Youth (citing Snyder and Sickmund) in the 2007 Justice Policy Institute Report, Gang Wars.

by 50%. The efforts in each city provide understanding of basic principles that can reduce urban gun violence.

In Richmond, VA there was a move to adopt what the Bureau of Justice Assistance (BJA) calls “Intelligence-Led Policing” (ILP).⁶ The study by BJA documents a number of key similarities in the communities that employed ILP, including: command commitment, problem clarity, active collaboration, effective intelligence, information sharing, clearly defined goals, results-oriented tactics and strategies, holistic investigations, officer accountability and continuous assessment. Richmond used these core principles to complement its re-engineered programs, and succeeded in creating measures to prevent future violence. The basis for these measures includes a renewed focus on community-oriented policing and, as a result, a stronger, more responsive community that supports the police. The Richmond Police Department rolled out numerous tools and initiatives to inform the police of neighborhood disputes and to include the community in preventing further violence.

Compton, CA and Washington, D.C. exhibited dramatic reduction in violence and murder since 2005 that can be attributed to similar intervention strategies. Compton policing came under scrutiny with the 2001 Consent Decree that reformed the LAPD as a whole, compounded by the three strikes law of Proposition 184 and the ban on semi-automatic weapons in the state of California. The Consent Decree was instrumental in the process of reversing violence in Los Angeles and the surrounding communities because of the rejuvenating effect it had on police presence in the community. The

⁶ More information on similar programs found at <https://www.bja.gov/Publications/ReducingCrimeThroughILP.pdf>

LAPD was able to rekindle the relationship with the community that had been tarnished with incidents like the Rodney King beating. Proposition 184 also had a crime reduction effect because of the severity of crimes by repeat offenders. In Washington, D.C., the drop can be attributed to programs similar to those in Compton, such as hotly debated gun bans, and an increased focus on community policing. These cities offer models to reduce urban gun violence by implementing community policing measures coupled with intervention programs. The Youth PROMISE Act provides support for community policing, and evidence-based intervention.

The Youth PROMISE Act can reduce urban gun violence through the use of tested and proven models and programs in high-violence communities. Principles that have been effective in cities such as New York, Richmond, VA and Boston make use of the following success criteria, many of which are included in the Youth PROMISE Act:

- 1) Form a strong community partnership with police who are asked to participate.
- 2) Assure multi-racial and multi-cultural buy-in.
- 3) Focus on evidence-based solutions including mental health and cognitive therapies⁷.
- 4) Focus on at-risk youth and young adults rather than diffuse social objectives.
- 5) Provide economic incentives for youth, with emphasis on economic realities of the community, including employment and educational opportunities.
- 6) Work with schools to improve the safety of youth via protection from gun threats and bullying, while enhancing threat response capacity.

⁷ Cognitive and cognitive-behavioral therapies decrease psychological symptoms and maladaptive behaviors through teaching people techniques to identify thought processes associated with symptoms, to challenge those thoughts and think about situations in different ways. These therapies have shown very effective when dealing with depression, anxiety or trauma.

7) Define outcome measures for each YPA program component,

Programs with the approach described here have been used as models by the Coalition for Evidence Based Policy, NIJ and the Blueprints for Violence Prevention, a project run through the Center for the Study and Prevention of Violence at the University of Colorado. Examples of models have been identified to reduce incarceration, reduce substance abuse and strengthen the community. (“Blueprints,” 2013).

- Aggression Replacement Training: A multidimensional psycho-educational intervention designed to promote pro-social behavior in chronically aggressive and violent adolescents using techniques to develop social skills, emotional control, and moral reasoning.
- Nurse–Family Partnership: A home visitation program for low-income, first-time mothers to improve family functioning.
- Operation Ceasefire (Boston, Mass.): A problem-solving police strategy that seeks to reduce gang violence, illegal gun possession, and gun violence in communities in Boston, Mass.
- Operation Peacekeeper: A community and problem-oriented policing program based in Stockton, Calif. that aims to reduce gang involvement and violence among urban youth aged 10 to 18.
- Promoting Alternative Thinking Strategies (PATHS). This program is comprehensive in its scope, focused on reducing

aggression and behavioral management for elementary aged-children. It bolsters classroom education.

There are a number of programs that have passed through rigorous selection criteria (“Blueprints” 2013) of the Center for the Study and Prevention of Violence. Criteria include a strong research design, sustained effects, and replication. The rigorous models and programs that have been reviewed by the Center are an intellectual framework for evidence-based programs and interventions in the Youth PROMISE Act. Such programs can be coupled with existing law enforcement programs, such as the Boston Ceasefire, Milwaukee Homicide Reduction Model and the Broken Windows Theory.⁸ The Youth PROMISE Act requires programs to be evidence-based, with proven effectiveness in communities where they have been used.

Ethical, Technical and Scientific Research Considerations for Legislation

As different states examine existing gun laws and procedures for mental health treatment and threat assessment, there is need for a task force with representatives from the Department of Health and Human Services, federal and state law enforcement, patient advocacy groups, and the Department of Education to jointly address the following issues:

A. Legal, Ethical and Procedural Issues:

⁸ The National Institute of Justice has reviewed evidence-based programs in cooperation with the DSG. See www.crimesolutions.gov

We have identified several issues at the interface between legal, ethical and procedural components:

- 1) We must address issues of privacy, patients' privacy vs. mandatory reporting, and liabilities to reporting individuals. All mental health and educational professionals assume ethical responsibilities and affirmative obligations when they work with law enforcement officials to avert both suicides and homicidal threats. Clear standards with respect to professional liability are essential to protect potential informants in their respective professions. It is essential to define the liability of the reporter, institution, or source of information with respect to various actions. As different states move toward mental health certificates and toward reporting individuals with mental illness to other agencies, professional organizations need to study the ethical ramifications of such procedures, and need to standardize procedures for such evaluations.
- 2) From the Department of Health and Human Services, we need clear reporting and response procedures for professionals, school personnel, lay people, students, and law enforcement. It is critical to train all reporting and responding agents who determine levels of risk and threat to understand established procedures, and to be familiar with interventions for each level.
- 3) Training is needed to elevate threat assessment proficiency for health care professionals, administrators, school personnel, clergy, lay people and community leaders, and when necessary, law enforcement. It is also important to consider the limits of

professional knowledge and training related to the epidemiological risk of violence, target risk, perpetrator risk, and foreseeable risk via threat assessment. Although mental health professionals are trained in suicide and violence risk assessment, neither will suffice to avert mass shootings or endemic violence. In particular, while risk and threat assessment have several overlapping principles they are not the same. There is little if any incorporation of scientific threat assessment in healthcare curricula. This is an area where development is needed.

- 4) At the same time as we develop greater scrutiny of individuals with mental illness, we must learn how to encourage them to seek mental health services without fear of being wrongfully targeted by threat assessment. Database identification has the potential to create a digital archive, which could have widespread detrimental effects in terms of disclosure, access to mental health services and professional and personal harm. A multidisciplinary task force, as described above, must be charged to spearhead recommendations on this matter.
- 5) How do we define mental illness for the purpose of threat assessment, and as it relates to gun control policies? Not all mental illnesses are the same, and nor do they pose the same potential risk. There is need to for all individuals and agencies involved in threat and those involved in background checks to standardize practical definitions and the language to define mental and behavioral conditions that would trigger denied access to weapons.

B. Technology

There are complex technological issues related to the use of mental health models to prevent mass shootings. Different databases come into play and must be cross-linked, including those associated with mental health agencies, school, and law enforcement. Social media can be useful to promote communication, but it is important to recognize and respect legal and personal privacy and to encourage voluntary solicitation of information from individuals. Who has access to a database? Is the database safe and confidential? For how long is the information accessible? Are there means to appeal a detrimental assessment? Which issues need to be addressed by a multidisciplinary forum hosted by the Department of Health and Human Services, the Justice Department?

C. The costs of gunshot injuries:

Gunshot injuries are a serious and costly public health problem with direct and collateral consequences. Along with every gun death among young people under the age of 20, there are more than four gun-related injuries (Behrman et al., 2002). From 1996 to 1998 alone, an estimated 18,400 children and youth visited emergency departments for gun injuries each year, with African-American youth being 10 times more likely than white youth to have been injured (Behrman et al., 2002). Virtually all cost-of-crime studies tabulate costs related to the victim's property loss and physical injury and seek to quantify the intangible cost of the victim's pain and suffering.⁹ One such study evaluated the aggregate hospital costs resulting from gunshot injuries in a specialized trauma center in Los Angeles, California. Ordog, et al. (1998). This study calculated the costs of 34,893

⁹ Kursten Heinrich of Columbia University developed an analysis of gunshot injuries that this perspective is derived from.

patients gunshot injuries as \$264,506,455, (\$7,580 per patient), with 96% directly or indirectly borne by public funds. Many other studies have emphasized the extreme costs associated with gunshot injuries. This topic made a *U.S. News & World Report* cover story, "Guns, Money and Medicine." The article brought attention to the large percentage of gunshot injury costs covered by public funds, noting that 4 out of 5 gunshot victims are on public assistance or uninsured (Headen, 1996). There are additional collateral costs, including police protection, emergency medical services, criminal court processes, prosecution and public defense services, victim services programs, and correctional institutions and programs. Estimates of the costs of gun related crime are quite variable, in part due to the lack of standardization of types of cost centers to be considered. For example, a recent law school article estimates the total cost of crime at \$1.7 trillion a year, almost twice the previous estimated amount.¹⁰ Other estimates are much lower. Violent crime may create huge costs simply because of the cost of medical treatment. A Teach for America intern who was shot chasing a fleeing stolen car incurred \$64,000 in costs in three days in a local hospital due to liver injury. A young drug dealer absorbed 8 bullets, was in a coma for a year and paralyzed for several years, and incurred over \$3 million in costs. Essential to any estimate of the direct medical and collateral costs of gun violence are some of the following elements:

- ER Hospital
- Ambulance Service
- Rehabilitation

¹⁰ David A. Anderson said his study, which will appear in the October edition of the *University of Chicago's Journal of Law and Economics*, includes costs not considered in the many previous studies of the subject. "Economists have been looking at the cost of crime for a long time," he said, . "But I think they've only looked at the tip of the iceberg. "

- SSI
- Nursing care
- Correctional Care
- Family support costs
- Lost income, taxes

The YPA as a core bill initiative seeks to be accountable for reduction in cost concurrent with gun violence reduction.

A. The Youth PROMISE Act Action Agenda to Reduce the Risks of Gun Violence in Communities throughout the United States

This report proposes the following strategies:

- 1) Pass the Youth Prison Reduction Through Opportunities, Mentoring, Intervention, Support, and Education (PROMISE) Act to provide prevention and intervention and to fund evidence- based practices to prevent delinquency and gang involvement. Under the Youth PROMISE Act, local communities, including all stakeholders, will assess community needs and strengths, evaluate current funding priorities – including local jail and prison expenditures – and develop a comprehensive plan to implement evidence- based prevention and intervention.
- 2) A significant number of violent individuals suffer from mental health, substance use, and learning disabilities. To reduce endemic community violence, fund an initiative for partnership between the Substance Abuse and Mental Health Services Administration, various National Institutes (i.e. the National Institutes of Health, National Institute of Mental Health, the National Institute for Drug Addiction), and the private sector. Study, recommend, and finance evidence-based treatment modalities, including substance abuse prevention models. Identify best practices for schools, primary

care, the criminal justice system, drug courts, diversion programs, probation programs, law enforcement and field officers for both adolescents and adults.

- 3) Support laws and funds that seek greater penetration of mental health and addiction treatment equity laws for individuals and families through public and private third party payers to provide for mental health services related to depression, trauma response, substance abuse, co-occurring disorders, family dysfunction, intimate partner violence, detection, and treatment capacity needed to serve acute and potential mental illness. Provide funds to support and expand individual and family interventions, and community programs (including health centers and diversion programs) that oversee mental health recipients' adherence, empathy building, substance abuse recovery, and progress through intensive case management. As an example, programs that oversee adherence and progress of mental health recipients in the community include the Assertive Community Treatment model, (ACT), court mandated diversion treatment programs, and court mandated outpatient treatment programs (Assisted Outpatient Treatment of NYC Kendra's Law) ¹¹

- 4) Establish standards, funds and procedures to expand and train professionals, school personnel, workforce, clergy and community members on threat assessment. Existing programs include the Safe School Initiative. ¹²

- 5) Develop mind-body medicine approaches. The CDC has identified the promotion of individual, family and community cohesion as a necessary element to reduce suicide risk and all forms of violence (Center for Disease Control and Prevention 2011). There are successful models with proven effectiveness to treat symptoms and

¹¹ Assisted Outpatient Treatment refers to court mandated monitoring for adherence to mental health treatment objectives by individuals who have mental illness and who have displayed a predisposition for violence when not in treatment. <http://mentalillnesspolicy.org/kendras-law/kendras-law-overview.html>

¹² School safe Initiative http://www.secretservice.gov/ntac/ssi_guide.pdf

build community cohesiveness. These programs are cost-effective, accessible, non-stigmatizing and evidence-based. Examples include the Community Wellness Programs using mind-body medicine approaches, the School Wellness Program and the Stress Reduction programs that teach mind-body medicine skills and mindfulness using a train-the-trainer model in educational and correctional; settings¹³ Mind-body medicine emphasizes self care/mutual care skills, appropriate expression and communication, the reduction of emotional reactivity and impulsivity, and empathy building. Mind-body medicine techniques often include biofeedback, autogenic training, and guided imagery, cognitive restructuring, breathing techniques, exercise, mindfulness and nutritional strategies. The skills are used in clinics, schools, places of worship, and community centers, which eliminates the stigma and engages children, adults and adolescents in a positive, creative way.

- 6) Support community-building efforts through agencies and organizations that analyze the positive and negative effects and uses of electronic and social media, video games and entertainment. Based on this information, the Substance Abuse and Mental Health Administration can adopt viable models and recommendations for the use of media. Analysis will identify practices to promote public health, pro-social behaviors and community and social cohesiveness and seek to eliminate incentives for violence and lifestyles associated with illness.
- 7) Create a task force to help define confidentiality, monitoring and mandatory reporting in the face of violent threats, risky behaviors, and the inclination to suicide when such issues arise in and outside a therapeutic relationship. Examine concerns for privacy in therapy, in schools, in casual conversation and in social media (i.e. on Facebook postings or Twitter). Task force members will

¹³ School Wellness Program and Healing the Wounds of War Program: The Center for Mind-Body Medicine, Washington DC www.cmbm.org
The Center for Mindfulness, University of Massachusetts <http://www.umassmed.edu/cfm/index.aspx>

include professional societies, community members, educators, law enforcement, mental health advocacy groups, social media representatives, researchers, and constitutional law experts. The task force will make recommendations for reporting procedures and describe the scope and limits of monitoring with regard to privacy.

- 8) Enhance community-based services to identify individuals who pose a risk to school and community safety. Detect behaviors that increase risk of gun violence and other forms of mass violence.
- 9) The majority of communities that suffer from chronic violence also struggle with the weight of crushing poverty. Basic resources for impoverished communities must accompany psychological and wellness therapies. Employment, for example, has been identified as a major risk factor for violence in the context of other mental health issues, (Elbogen 2009). Nutritional deficiencies and environmental toxins are associated with poor school performance in children. From this perspective, employment, educational opportunities, and improved nutrition may reduce violence in communities. While some of these problems are beyond the scope of the Act, it is possible and necessary to bring people together in task forces, both local and national, to assess and design programs that are limited, focused and measurable to make positive change in employment, and school nutrition, for example.

B. Strategies to mitigate the physical and psychological trauma, and financial burden in the aftermath of incidents involving gun violence

- 1) We know that genes and lifestyle predispose individuals to cardiovascular disease, obesity, diabetes, hypertension, depression and posttraumatic stress, and they are also mediated through the chronic effects of stress and cumulative trauma. (Kendall-Tackett 2009; Pfefferbaum 2010) In turn, cumulative stress and trauma cause reactive automatic behaviors that reinforce unhealthy habits. Traumatized, stressed or fearful individuals tend to be more reactive, rigid, exclusive of others,

intolerant and polarizing in their behaviors as opposed to open, inclusive, tolerant and forgiven. (Siegel 2007; Wilson 2004) Survivors of traumatic incidents in all contexts, especially children, may suffer from a variety of symptoms (weeping, fear, depression, vulnerability to illness), which without intervention may represent long term or lifelong scars, including the possibility to become violent as young adults. Healing from trauma, individually and as a community, requires mobilization of inner and outer resources to encourage self-care, safety, empathy, empowerment, control, meaning, connection, integration, and the exercise of common values and interests.¹⁴ While the majority of people may move toward healing and integration, some will not. Factors that hinder healing and growth from trauma include lack of services or infrastructure, lack of political will, bureaucratic obstacles, a perception of impartiality from authorities, lack of health care or mental health providers, personal co-morbidities, addictions, and displacement among others. There are numerous effective treatments for depression, anxiety, trauma and addictions. There is an urgent need to support and expand the scope of evidence-based interventions for trauma, depression, and substance abuse disorders. Effective treatment of these conditions calls for programs to enhance primarily lifestyle changes and self-care skills (Gordon 2007, 2008), and when needed, a combination of medications and psychological therapies including cognitive-behavioral, empathy building, and other brief therapies.¹⁵

- 2) In 1999, the financial cost to provide lifetime care for victims of gun-related injuries was estimated at approximately \$2.3 billion per year (Cook JAMA 1999). This cost constitutes a significant sector of the already expensive health care system. Taxpayers and struggling state budgets pay the brunt of the costs.

¹⁴ Hart 2008

¹⁵ American Psychiatry Association 2006, 2009, 2010
American Academy of Child and Adolescent Psychiatry 2010, 2011 See
<http://www.aacap.org/page.ww?section=system&name=Search+Results&indexId=default&hitsStart=1&query=trauma&x=0&y=0>

Survivors and their families bear the burdens of medical and psychological disabilities, long term rehabilitation costs, and loss of productivity and earning capacity, most of which is not covered by existing private or public systems. The current system is simply not designed to factor in these direct and indirect costs. We recommend the creation of a task force to study the cost burden of disease from gun related violence. Such a task force can spearhead changes to existing diagnostic criteria, reimbursement procedures, medical, psychological services, rehabilitation services, and third-party payers to accurately reflect the lifelong needs of surviving victims.

- 3) In the aftermath of a mass shooting, a program to address collateral consequences of a shooting (medical, psychological and economic) will need to work within and outside the existing health care system in a non-stigmatizing manner. (Wang 2007). It is essential to identify evidence-based psychological and wellness practices, implement a variety of these practices, and provide funding for communities that face the effects of mass violence. Some practices are delivered by health care and mental health professionals (i.e. psychological cognitive behavioral first aid) while others, like mind-body medicine skills, can be implemented by trained community leaders, teachers, clergy, military personnel, healthcare providers, and interested individuals. Therapeutic resources can be effective but they are not sought by the majority of people and can be perceived as stigmatizing. Mind-body medicine can engage people and victims in non-stigmatizing ways. A creative program should include both options.

C. The Business Case for the Youth PROMISE Act and the Reduction of Violence

The Youth PROMISE Act offers a middle ground to reach consensus between advocates for gun control and advocates for the second amendment,

in that it uses proactive public health and mental health strategies to reduce the risk of violent gun crimes. At the heart of its structure is the notion that early intervention can avert some, if not all, threats to community and school safety. Outcomes of each initiative including cost reduction can and will be measured, and may result in significant savings for community reinvestment. The Youth PROMISE Act will result in enormous, measurable savings in hospitalization, criminal justice, long-term care and the aftermath of gun crimes. It provides the framework for immediate, medium-term and long-term interventions. While not all of these interventions can be implemented or need to be present, the proposed priorities and interventions provide a strong foundation for response to violence for policymakers, researchers, communities, clinicians and advocates.

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