

The Public Health Approach to Preventing Mass Shootings



EXECUTIVE SUMMARY

Our communities are not acting on obvious warning signs that regularly occur before mass shootings that, if acted upon, could allow us to collectively and reliably prevent mass shooting events from occurring. These warning signs are regularly detected on social media posts, as well as parent, student, neighbor and other's concerns, complaints and reports.

For example, prior to the tragedy on February 14 in Parkland, Florida, a number of community members knew that the young man had serious problems and had even signaled his intentions¹ - just as family, coworkers, and neighbors have been aware of troubling signs in many other mass shooters in the past. In many cases law enforcement has been alerted, yet were unable to stop the shooter from acting as no illegal act had occurred. In some cases, absent an obvious crime, people have not reported the troubling warning signs, particularly when it would mean potentially causing harm to someone they love, or with concerns of retribution.

What is needed are reliable places or individuals for people to call when there are signs of trouble, where they can be confident that their concerns will be acted on to prevent any violence from occurring -- and additionally that there will be reliable and professional assessments, prevention, and positive outcomes for the individual and the community. What we need to put into place, in addition to existing law enforcement systems, are local and national public health systems that effectively and reliably detect early warning signs of potential shootings and respond beforehand to prevent these events.

We already have a public health system that performs these exact functions and actions to contain other contagious problems -- interacting with high-risk persons and their communities to change behavior. reduce risk, and prevent spread of the contagion. This approach has been effectively applied to prevent other forms of violence in communities all over the world, but has not yet been applied to prevent mass shootings.

Public health systems are effective at detecting those at risk of violent behavior because they are expert at getting close to, and being trusted by persons at high risk, allowing these health systems to interrupt violence and change behaviors.

Public Health Adds More Prevention

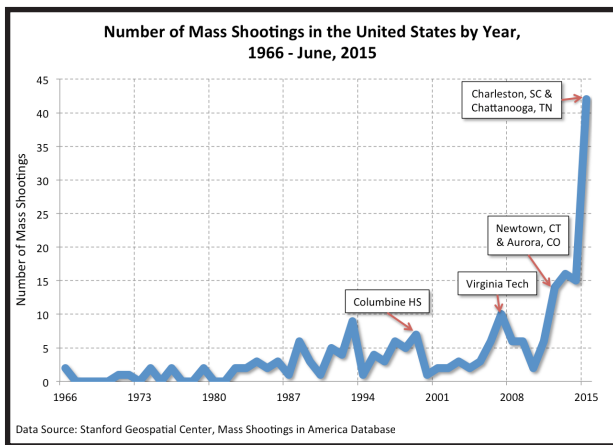
- **Proactive detection of warning signs**
 - trained professionals detecting warning signs
 - community reporting that is confidential and helpful
 - connection with schools and other sectors
- **Personalized connection to highest risk**
- **Tracking & follow up with highest risk**
- **Trainings on detecting & responding across sectors**

In the case of high-risk violence prevention, local community health workers are selected and trained among already embedded local persons in communities where violence might or does take place. They are trusted by family, friends, and acquaintances of those at risk – and can gain or in most cases already have the trust of those at risk – so they can help interrupt situations when someone is showing warning signs of being violent. These health workers can reach those at risk of being violent, interrupt any plans for violence, and help at-risk persons deal with personal, emotional, and social issues that drive their unhealthy behavior.

This paper describes some of the elements of such a system - designed to fill the large and obvious gap in our communities and our society.

PROBLEM STATEMENT

Mass shootings in the United States have become both more frequent and more deadly in recent years, and the threat of mass shootings has created an atmosphere of fear in our schools, our communities, and our country.



Most mass shootings are preventable. There are often warning signs beforehand that could and should be acted upon to stop mass shootings from taking place. The Orlando shooter had been fired from his job for joking about bringing a gun to work, was violent with his wife, posted threats on social media, and had been under investigation by the FBI on two occasions.² The Newtown shooter had profound behavioral issues and mental illness.³ The Sutherland Springs shooter was violent with his wife and made threats to his family and in the workplace.⁴ The Virginia Tech shooter displayed disturbing behavior and writing and was under court ordered treatment for mental illness.⁵ The Columbine shooters displayed disturbing writing and posted threats online.⁶

In the time leading up to a mass shooting, there are almost always warning signs. However, when loved ones, friends, teachers, employers, and law enforcement officers spot these signs, they often do not know what to do about them.

The current approach, mostly limited to law enforcement agencies, presents several important gaps and limitations. First, law enforcement officers cannot detain or otherwise respond to an individual threat unless a law has been broken or danger is imminent, leaving many warning signs unable to be addressed. Second, law enforcement have limited ability to track and monitor an individual showing warning signs, due to their vast responsibilities, the enormous resources this would require, and some legal limitations. Third, people may be hesitant to report some concerns or suspicions to law enforcement – either because the threat is unclear or because they do not want to ruin a person's life based on a suspicion. Each of these and other limitations significantly affect the ability of existing systems to reliably detect, interrupt, and respond to prevent mass shootings.

There are also significant limitations in the mental health response to people exhibiting warning signs. People at risk of violence are often unaware of their condition, do not consider receiving treatment, or do not maintain their treatment. Mental health and social services are not tasked with the responsibility of making sure that a person continues to get the assistance that they need, except for very infrequent involuntary commitments that typically last only a few days. This gap in care leaves many people who have shown warning signs without treatment.



What Is Missing from the Current Approach?

- An intentional, **proactive effort to detect warning signs** from people at risk of violence – including:
 - Proactive detection of warning signs by trained professionals
 - Community reporting methods that are easy, confidential and reliable
 - Connection with schools and other sectors to communicate concerns
- Continuous connection to **highly personalized prevention and care** to lower risk to zero – including:
 - Assessment of each individual's needs
 - Development of trusting relationship to encourage participation
- **Tracking and following up** with individuals at risk of violence – for as long as needed until there is no longer a risk, and longer
- **Trainings on detecting warning signs and responding** to concerns – for the general public and for schools, community organizations, and other sectors

The Main Elements of the System

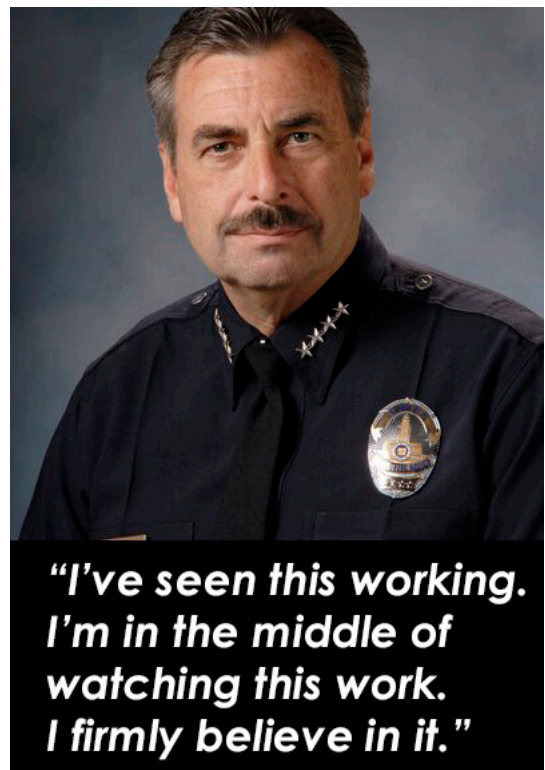
- **Specialized local community workers dedicated to detecting and interrupting violence and reducing individuals' risk in the community**

- Provide local points of contact – for trusted places that everyone knows they can call with any concerns and to get information and training
- Conduct proactive case finding – by going to key locations, developing key relationships, and asking questions to determine who may be at risk
- Provide personal assessments, support, and follow up – to reduce the risk of individuals who are found to be at high risk for involvement in violence



- Monitor social media – by utilizing applications to detect threats and identify high risk people and then meeting them in person to defuse the threat
- Connect with law enforcement – for following up with people who were brought to the attention of police, but could not be sufficiently followed up with or helped by police
- Connect with any needed support including mental health – for following up with people who were brought to the attention of mental health and others, and for referral to support services of people who are at risk of violent behavior
- Connect with schools and colleges – for following up with students who have made threats, displayed disturbing behavior, exhibited mental health issues, or behaved violently
- Connect with corrections (prisons, jails, juvenile facilities, parole and probation) – for following up with people returning to the community who are at risk of behaving violently and for implementing programs within correctional facilities to prevent violence

- Connect with social services – for assistance for people at risk of violent behavior, such as child protective services, drug treatment, and others
- Connect with the community and community groups – for communication of concerns from people in the community and for training for the community on detection and interruption of violence
- Connect with staff at public spaces and venues – for communication about concerns and for coordination of safety and security plans
- **Confidential Hotlines** for people to call for help for themselves or for people to report concerns about someone else - but connected with the system
- **Public education, educational campaigns, and trainings** to raise awareness of risk factors, warning signs, and vulnerabilities to aid larger scale detection, as well as raise awareness of how to respond, actions to minimize harm if under attack, and situational awareness for areas at potential risk
- **Agency overseeing the work** to ensure effectiveness of the approach



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Filling in the Gaps in Mass Shooting Prevention

The Additive Value of Public Health

**GAPS in the
Current Approach**



**Additional Detection/Prevention
(Public Health)**

1) DETECTING WARNING SIGNS



GAPS

- **POLICE RESPONSE LIMITED** when law is not broken
- **PEOPLE DO NOT REPORT** most concerns to police
- **LIMITED PROACTIVE DETECTION** by trusted insiders



ADD

- + **HEALTH WORKERS RESPOND** before laws broken
- + **PEOPLE MORE ABLE TO REPORT** even small concerns to trusted community-based workers
- + **PROACTIVE DETECTION** from trusted insiders

2) CONNECTION TO PERSONALIZED CARE TO ELIMINATE RISK



GAPS

- **PEOPLE AT RISK UNAWARE** they have a treatable health condition
- **PEOPLE AT RISK DO NOT GET TREATMENT** for their condition



ADD

- + **HEALTH WORKERS HELP PEOPLE UNDERSTAND** their condition as a treatable health problem
- + **HEALTH WORKERS HELP PEOPLE GET TREATMENT** to address condition

3) TRACKING AND FOLLOWING UP



GAPS

- **POLICE HAVE LIMITED CAPACITY TO TRACK** people at risk for violence
- **MENTAL HEALTH HAVE LIMITED ABILITY** to ensure continued care



ADD

- + **PUBLIC HEALTH TRACKING & MONITORING** to determine risk and ensure treatment
- + **CONTINUAL FOLLOW UP** until the risk eliminated

4) TRAINING TO DETECT AND RESPOND TO WARNING SIGNS



GAPS

- **PUBLIC DETECTION LIMITED** due to lack of understanding of warning signs and responses
- **POLICE, HOSPITALS, SCHOOL LIMITED** due to little or no training



ADD

- + **TRAIN PUBLIC** to detect and respond to warning signs
- + **TRAIN SECTORS** to better detect and respond, including police, health care, schools, more

How the Public Health System Enhances Detection, Interruption, and Treatment

Law enforcement should continue to have a prominent role in reacting to warning signs. However, health approaches can add much to what law enforcement already does. First, health approaches can provide enhanced detection of people exhibiting warning signs, both by being more receptive to tips from the community and through proactive measure to discover warning signs. Violence prevention workers are specifically chosen for their ability to be trusted and credible in the community so that people with problems, as well as friends and family members of those at risk, will feel comfortable in coming to them with tips and confident that they will receive a positive response. The system is also designed to focus on removing barriers of detection so that workers receive reports of non-specific but concerning potential signs and symptoms, which may not be reported without a safe and reliable system.

Second, violence prevention workers are trained to stop shootings, with specific skills in cooling people down, listening, validating, spending time, helping people, and integrating people back into the community. Specialized credible messengers may also include individuals who have plotted mass shootings but shifted, or somebody similarly situated to understand and empathize with vulnerable populations. National and regional networks of specialized workers can be created who can work together, mentor each other, and be deployed into situations when needed.

Third, health approaches provide specific responses for people that are at risk of committing violence to help them reduce their risk and change their course of life. This may include developing a risk reduction plan for individuals, ensuring appropriate treatments are being received, and staying with them to ensure that risk is reduced. Additionally, violence prevention workers can both follow up and track an individual for as long as needed as well as consider close relations of at risk individuals.

Above and beyond all of these features of a health system, perhaps most importantly, this new system makes it someone's job to prevent mass shooting. Implementing a health system to prevent violence would mean that a team of trained professionals would be dedicated to detecting and responding to warning signs in addition to providing education and training to everyone in the community so that all are empowered to help identify threats well before any event takes place. Protocol and best practices will have to be developed to determine when the police or other authorities should be called in, but this should not stop us from creating a system that can provide additional detection and response options.

Evidence of Effectiveness

A similar system as proposed here has already been applied to the prevention of community violence, sectarian violence, ideologically inspired violence, and prison violence and has been associated with reductions in shootings of up to 73%, with multiple evaluations showing consistent and strong reductions in violence.⁷ Both rare and common events are prevented. The same approach is used to prevent violence in these contexts as is proposed here – detect and interrupt events, identify and change the behavior of the highest risk, and change norms.



Additionally, numerous studies have shown that public health communication affects health behavior. Health communication campaigns are an effective approach to reducing risky behaviors such as cigarette smoking, marijuana use, and unsafe sex, as well as educating the public on healthy behaviors like seat belt and condom use and disease prevention for cardiovascular disease and AIDS.⁸ And, telephone hotlines and helplines have played a vital role in de-escalation, service linkage, risk management, outreach, and continuum of care for those at risk of suicide, self-harm, child abuse, mental health crisis, and domestic violence. These phone services are especially effective when paired with a combination of preventative strategies. When crisis centers in the National Suicide Prevention Lifeline network provided follow-up care to suicidal callers, about 80% of clients reported the follow-up calls stopped them from killing themselves, and about 90% of clients reported that the follow-up calls kept them safe.⁹

Further, over many decades, these exact same public health methods have been implemented to slow and stop the transmission other deadly contagious processes, including diseases, such as AIDS, tuberculosis, Ebola, and others. Public health works invisibly to stop all sorts of hard to find, hiding, remote, "needle-in-the-haystack" contagions,

such as Ebola, SARS, AIDS, and more. Health workers have specific methods and tools for proactively looking for rare events and these same epidemiologic strategies and methods can be applied to prevent mass shootings, just as these systems have been adapted to address multiple forms of violence and other contagious problems.

Finally, this approach is not just about stopping the event, but also about changing the lives of the persons who are suffering from serious problems -and their families. The work focuses on pulling everyone back from that line by proactively reaching out to people who are in pain, lonely, depressed, expelled, or otherwise at risk for any reason. As a result, the entire community benefits in many ways, from improved school environment, reduced trauma in the community, better self-care for all residents, cost savings from preventing violence and other negative behaviors, and a community that does not have to live in fear or suspicion of each other.

Summary

This is a proposal to the nation, and to each community and school, that outlines what is needed to detect and prevent mass shootings. The proposed system does not replace anything that already exists to prevent mass shootings; it is additive, filling in significant gaps. These are currently big gaps - for parents, students, teachers, pastors, community members, and for the whole community. Right now we are missing thousands of obvious warning signs – social media posts, neighbor complaints, student concerns, parent reports and more. Not only should we be catching these signs, we should be detecting persons at risk much earlier and in the right way, before - and if possible way before - events are imminent. To accomplish this task, we need to revise, innovate and invest in a system that has been proven effective at reducing violence and can be adapted quickly to provide reliable prevention and safety. Every community should have some form of this system as soon as possible.

To stop mass shootings, we must detect and respond before individuals act - and the sooner the better. Communities

can be assisted to be significantly more effective at detecting warning signs because people will have a place to call when they have concerns, where highly trained and supported professionals can provide life-saving options and effective prevention so that results can be reliably expected. Protocols and standards will be established so that every community has a checklist of what is needed and at what levels so that they can know whether they have an effective system in place.

These horrible tragedies - effecting so many schools, children, workplaces, churches, have forced us to examine how we identify people experiencing profound problems who pose a risk to those around them and to divert them before they can act violently. We must also understand the needs of those who have been or will be affected by these violent events. Resources should also provide care for those traumatized by violence, providing care and treatment to help improve health and promote well-being.

We are missing opportunities to prevent mass shootings. Public health outreach is the missing piece. And it's a big gap that needs to be filled. Public health is being used for the prevention, treatment, and control of many forms of violence. Now is the time to utilize public health systems and methods to work with communities and other sectors to stop this mass violence epidemic as well. Spotting rare and hard to detect potential events before they happen and interrupting them is the bread and butter of public health. While debates around other policies are stuck, we are missing obvious responses and tools that would help and that are urgently needed to prevent these mass shooting,

References

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² <https://www.nytimes.com/2016/06/19/us/omar-mateen-gunman-orlando-shooting.html>

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⁴ <https://www.nytimes.com/2017/11/06/us/texas-shooting-church.html>

⁵ <https://governor.virginia.gov/media/3772/fullreport.pdf>

⁶ <http://www.acolumbinesite.com/ericpage.php>

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⁹ Gould, M. S., Lake, A. M., Galfalvy, H., Kleinman, M., Munfakh, J. L., Wright, J., and McKeon, R. 2018. "Follow-up with Callers to the National Suicide Prevention Lifeline: Evaluation of Callers' Perceptions of Care." *Suicide and Life-Threatening Behavior*. Available at: doi: 10.1111/sltb.12339

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How Cure Violence Can Help

- A proven theory of change - across types of violence
- Training in implementing health approach
- Community assessment
- Interruption and outreach training
- Cure Violence Model replication
- Immediate and sustained reductions in violence